

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004473

1. Entity Name

DIAMOND COAST SALES INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90022 022 \*\*\*150.00

Principal Place of Business

1221 SW BAYSHORE BLVD  
PORT SAINT LUCIE FL 34983  
US

Mailing Address

1221 SW BAYSHORE BLVD  
PORT SAINT LUCIE FL 34983  
US

2. Principal Place of Business

5430 S.E. RUNNING OAK CIR.

3. Mailing Address

5430 S.E. RUNNING OAK CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

City & State

STUART, FL.

Zip

34991

Country

MARTIN

Zip

34991

Country

MARTIN

4. FEI Number

65-0562983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUMER, JOHN W  
3970 NW 73RD AVE  
FT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name  
JOHN W. SCHUMER

Street Address (P.O. Box Number is Not Acceptable)

5430 S.E. RUNNING OAK CIR.

City  
STUART

FL

Zip Code  
34991

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
SCHUMER, JOHN W  
STREET ADDRESS  
1221 SW BAYSHORE BLVD  
CITY-ST-ZIP  
PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE  
NAME  
DPT  
SCHUMER, JOHN W  
STREET ADDRESS  
1221 SW BAYSHORE BLVD  
CITY-ST-ZIP  
PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE  
NAME  
VS  
SCHUMER, JOEY K  
STREET ADDRESS  
1221 SW BAYSHORE BLVD  
CITY-ST-ZIP  
PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE  
NAME  
D  
SCHUMER, JOHN A  
STREET ADDRESS  
2521 N.E. PINE AVE.  
CITY-ST-ZIP  
JENSEN BEACH FL ☐ Delete

TITLE  
NAME  
D  
SCHUMER, CHRIS J  
STREET ADDRESS  
487 N.E. 163RD ST.  
CITY-ST-ZIP  
NORTH MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
JOHN W. SCHUMER  
STREET ADDRESS  
5430 S.E. RUNNING OAK CIR  
CITY-ST-ZIP  
STUART, FLORIDA 34991 ☐ Change ☐ Addition

TITLE  
NAME  
JOHN W. SCHUMER  
STREET ADDRESS  
5430 S.E. RUNNING OAK CIR  
CITY-ST-ZIP  
STUART, FL 34991 ☐ Change ☐ Addition

TITLE  
NAME  
JOYCE K. SCHUMER  
STREET ADDRESS  
5430 S.E. RUNNING OAK CIR  
CITY-ST-ZIP  
STUART, FL 34991 ☐ Change ☐ Addition

TITLE  
NAME  
JOHN A. SCHUMER  
STREET ADDRESS  
1340 HILLCREST LANE  
CITY-ST-ZIP  
JENSEN BEACH, FL 34957 ☐ Change ☐ Addition

TITLE  
NAME  
CHRIS J. SCHUMER  
STREET ADDRESS  
1340 HILLCREST LANE  
CITY-ST-ZIP  
JENSEN BEACH, FL 34957 ☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Schumer JOHN W. SCHUMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2001 561-781-9259

Date Daytime Phone #

0439616

CR2E034 (10/00)