

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # **P95000074277**

1. Entity Name

**Diamond "S" Development CORPORATION**

Principal Place of Business

**5454 W Crenshaw St.  
Tampa FL 33634**

Mailing Address

**6028 Benjamin Rd.  
Tampa FL 33634**

2. Principal Place of Business

**6028 Benjamin Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

**59-3355174**

Applied For

Not Applicable

Zip

**33634**

Country

**USA**

Zip

**33634**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

~~80027759~~

6. Name and Address of Current Registered Agent

**Robert S Hobbs RA  
3719 Swann Avenue  
Tampa FL 33609**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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 **D** ☐ Delete  
NAME **SCAGLIONE RONALD E.**  
STREET ADDRESS **5454 W. Crenshaw St.**  
CITY-ST-ZIP **Tampa FL 33634**

TITLE **TD** ☐ Delete  
NAME **SCAGLIONE YVONNE**  
STREET ADDRESS **5454 W. Crenshaw St.**  
CITY-ST-ZIP **Tampa FL 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6028 Benjamin Rd**  
CITY-ST-ZIP **Tampa FL 33634**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6028 Benjamin Rd**  
CITY-ST-ZIP **Tampa FL 33634**

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NAME  
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:

**Yvonne Scaglione**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/18/00 813-882-8644**

CR2E034 (9/99)