

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054877

1. Entity Name

DIAMOND AVIATION CORPORATION

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91117 019 ***150.00

Principal Place of Business

501 HERNDON AVE
SUITE F
ORLANDO FL 32803
US

Mailing Address

501 HERNDON AVE
SUITE F
ORLANDO FL 32803
US

2. Principal Place of Business

1200 FLIGHTLINE BLVD

3. Mailing Address

1200 FLIGHTLINE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

Zip

32724

Country

US

Zip

32724

Country

US

4. FEI Number

59-3456390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALDWIN, JOHN A
7100 S. HIGHWAY 17-92
FERN PARK FL 32730

Eckstein Bruce
1767 Bridgewater Dr.
Heathrow FL 32746

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

Bruce Eckstein

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

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
ECKSTEIN, BRUCE
100 JETT AIRE COURT
SANFORD FL 32773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
ECKSTEIN, BRUCE
1200 FLIGHTLINE BLVD
DELAND, FL 32724 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Bruce Eckstein

BRUCE ECKSTEIN, PRES

4-25-01

888-355-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)