

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90112 019 \*\*\*150.00

**DOCUMENT # P97000098665**

1. Entity Name

**DIA MAG CORP.**

~~Principal Place of Business~~

**7847 CRAIGHURST LOOP  
 NEW PORT RICHEY FL 34655**

~~Mailing Address~~

**7847 CRAIGHURST LOOP  
 NEW PORT RICHEY FL 34655**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3491651**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LEBLANC, AUREA  
 573 WHISPERING LAKES BLVD.  
 TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

**CLOVIS LEBLANC**

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

**7847 CRAIGHURST LOOP**

City

**NEW PORT RICHEY**

FL

Zip Code

**34655**

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	LEBLANC, CLOVIS	
STREET ADDRESS	573 WHISPERING LAKES BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEBLANC, AVREA	
STREET ADDRESS	573 WHISPERING LAKES BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEBLANC, DANIELLA	
STREET ADDRESS	573 WHISPERING LAKES BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, CLOVIS	
STREET ADDRESS	7847 CRAIGHURST LOOP	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, AUREA	
STREET ADDRESS	7847 CRAIGHURST LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FL, 34655	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, DANIELLA	
STREET ADDRESS	7847 CRAIGHURST LOOP	
CITY-ST-ZIP	NEWPORTRICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT CLOVIS LEBLANC**

Date

Daytime Phone #

CR2E034 (9/01)