2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000045157** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name DIAMOND TITLE AGENCY, INC. 04-19-2000 90114 043 ***150.00 Principal Place of Business Mailing Address 7145 W. HWY 98 7145 W. HWY 98 PANAMA CITY BCH FL 32408 PANAMA CITY BCH FL 32407-4809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3513550 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMM, W. GERALD Street Address (P.O. Box Number is Not Acceptable) 1007 JENKS AVENUE PANAMA CITY FL 32401 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. [] Addition TITLE ☐ Delete TITLE DIAMOND, PAT NAME NAME STREET ADDRESS STREET ADDRESS 7145 W HWY 98 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL 32408 ☐ Addition Change TITLE ☐ Delete TITLE HOMAS U. LEDMAN 1007 JENKS AVENUE PANHMA CITY, PLOKION 32401 LEDMAN, THOMAS W NAME NAME STREET ADDRESS STREET ADDRESS 1007 JENKS AVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 Addition TITLE ☐ Delete TITLE CERALO HAMM NAME HAMM, GERALD W NAME STREET ADDRESS STREET ADDRESS 1007 JENKS AVE PLOKION 32401 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 TITLE ☐ Delete TITLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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.