

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095882

i. Entity Name

DIAMOND M.L., INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90046 002 ***150.00

Principal Place of Business

1953 COLONIAL BLVD
 FT MYERS FL 33907

Mailing Address

1953 COLONIAL BLVD
 FT MYERS FL 33907-1302

A0064433

2. Principal Place of Business

2221 SW 43rd Lane
 Suite, Apt. #, etc.

3. Mailing Address

2221 SW 43rd Lane
 Suite, Apt. #, etc.

City & State

Cape Coral FL
 Zip 33914 Country USA

City & State

Cape Coral FL
 Zip 33914 Country USA

4. FEI Number

65-0880616

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEROUEN, SHELLY A
 1953 COLONIAL BLVD
 FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name Shelly A Deroen
 Street Address (P.O. Box Number is Not Acceptable) 12130 New Century Blvd #406
 City Ft. Myers FL Zip Code 33907

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

Shelly A Deroen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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, 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 | PTD | <input checked="" type="checkbox"/> Delete |
| NAME | BRANDENBUSCH, MARTIN | |
| STREET ADDRESS | 1953 COLONIAL BLVD | |
| CITY-ST-ZIP | FT MYERS FL 33907 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | SEIDLE, HANS | |
| STREET ADDRESS | 1953 COLONIAL BLVD | |
| CITY-ST-ZIP | FT MYERS FL 33907 | |
| TITLE | SD PVT | <input type="checkbox"/> Delete |
| NAME | LITTERER, SIGRID | |
| STREET ADDRESS | 1953 COLONIAL BLVD | |
| CITY-ST-ZIP | FT MYERS FL 33907 | |
| 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 | | <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 |
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| 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:

Shelly A Deroen

Date

Daytime Phone #

4/30/00