05/01/2001 12:12 941-434-2136 W.D.G., INC. 5/2

FILED
Jul 12, 2001 8:00 am
Secretary of State
05-23-2001 90199 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095882

1. Entity Name: DIAMOND M. L., INC.

Principal Place of Business: 2221 SW 43rd Lane, Cape Coral, Fl. 33914
Mailing Address: Same

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2221 SW 43rd Lane
Suite, Apt. #, etc.:
City & State: Cape Coral Fl
Zip: 33914 County: Lee

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

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
Shelly Willman
12730 New Brittany Blvd.
Ft. Myers. Fl. 33907

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: Shelly Willman
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sigrid Litterer 2221 SW 43rd LANE CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGRID LITTERER 5/1/01 941-850-1118
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #