

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105613

1. Entity Name

DIAMOND POOL INTERIORS, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90031 017 ***150.00

Principal Place of Business

406 MADISON CT.
 FT. MYERS BCH FL 33931

Mailing Address

406 MADISON CT.
 FT. MYERS BCH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0884861

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

~~DEBOUEN, SHELLEY A~~
~~1050 COLONIAL BLVD.~~
~~FT. MYERS FL 33907~~

Name

Daniel Bond

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

406 MADISON CT

City

Fort Myers Beach

FL

Zip Code

33931

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 this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-24-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 PSVT
 BOND, DANIEL T
 406 MADISON CT.
 FT. MYERS BCH FL 33931 ☐ Delete

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

TITLE
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL T BOND

CR2E034 (5/00)

Attachment Doc #
P98000105613
D0682106

8/25/00

I do not think that I
received my first document.
This was our first year
in business and we were
not aware.

However I have talked
to someone on the phone
and it was agreed that
this is the balance I
could pay.

Thank you very much

Sincerely
Daniel T. Bond