## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P98000105613 DIAMOND POOL INTERIORS, INC. 03-02-2001 90100 010 \*\*\*150.00 Principal Place of Business Mailing Address 406 MADISON CT. 406 MADISON CT. FT. MYERS BCH FL 33931 FT. MYERS BCH FL 33931 723391 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0884861 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOND, DANIEL Street Address (P.O. Box Number is Not Acceptable) **406 MADISON CT** FORT MYERS BEACH FL 33931 Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement nted 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSVT** CR2E034 (10/00) TITLE ☐ Delete TITLE Change | ☐ Addition BOND, DANIEL T NAME NAME 406 MADISON CT. STREET ADDRESS STREET ADDRESS FT. MYERS BCH FL 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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:

Daytime Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR