## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State P99000021264 DOCUMENT # 1. Entity Name 01-16-2002 90200 043 \*\*\*158.75 DIAMOND R RESTAURANT, INC. Principal Place of Business Mailing Address 3614 MIDWAY ROAD 3614 MIDWAY ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3567636 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 RUIS, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 3614 MIDWAY ROAD PLANT CITY FL 33565 City 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. DIAMONDO 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/04) TITLE CE<sub>0</sub> ☐ Delete TITLE Change ☐ Addition RUIS, ROBERT S NAME NAME STREET ADDRESS 3614 MIDWAY ROAD STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - [] Change ☐ Addition RUIS, DEBORAH L NAME NAME STREET ADDRESS 3614 MIDWAY ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition RUIS, ROBERT D NAME NAME STREET ADDRESS 3614 MIDWAY RD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP Change TITLE ☐ Delete Addition RUIS, ROBYN M NAME 3614 MIDWAY RD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: