

2000 UNIFORM BUSINESS REPORT (UBR)

10/2

0372761

DOCUMENT # P99000023805

Entity Name
DIAMOND E TECHNOLOGIES, INC.

FILED

00 JUL 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 476
LOXAHATCHEE FL 33470

Mailing Address

PO BOX 476
LOXAHATCHEE FL 33470-0476

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

105-0908567

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

LESHER, GERALD S
4420 BEACON CIRCLE STE 100
WEST PALM BEACH FL 33407

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

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
President
Thomas Goltzene
P.O. Box 476
Loxahatchee, FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003328655-5
-07/19/00--01115--016
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.M. Friedman VP/CEO

Date

4-26-00

Daytime Phone #

511-778-4475

CR2E034 (9/99)

20/2

EnviroGlades, Inc.

**P.O. Box 476
Loxahatchee, Florida 33471**

**Phone: (561) 798-4995
Fax : (561) 793-6708**

June 19, 2000

**Divisions of Corporations
Uniform business report filings
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Leslie Sellers**

Dear Ms. Sellers,

Per our conversation of last week, I am forwarding to you copies of our filings (6) that have been obviously lost, with new checks.

You stated that you would accept these as being filed before May 1, 2000.

Thank you for your cooperation,

**S.M. Friedman
Chief Financial Officer**