

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90216 040 \*\*\*150.00

**DOCUMENT # P99000025814**

1. Entity Name

**DIAMOND E MARINE SERVICES, INC.**



Principal Place of Business

~~1876 E ROAD~~  
~~LOXAHATCHEE FL 33479~~

Mailing Address

~~1555 PALM BEACH LAKES BLVD.~~  
~~SUITE 1510~~  
~~WEST PALM BEACH FL 33407~~

11034211



2. Principal Place of Business

P.O. Box 476  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 476  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Loxahatchee

City & State

Loxahatchee

4. FEI Number

65-0922314

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LESHER, GERALD S  
1555 PALM BEACH LAKES BLVD.  
SUITE 1510  
WEST PALM BEACH FL 33407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **GOLTZENE, TOM**  
STREET ADDRESS **P.O. BOX 476**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **VP** ☐ Delete  
NAME **BLESS, CHRISTOPHER**  
STREET ADDRESS **P.O. BOX 496**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **VP** ☒ Delete  
NAME **KEEGAN, R. TIMOTHY**  
STREET ADDRESS **P.O. BOX 476**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **P** ☐ Delete  
NAME **Goltzene, Irene**  
STREET ADDRESS **P.O. Box 476**  
CITY-ST-ZIP **Loxahatchee FL, 33470**

TITLE **VP** ☐ Delete  
NAME **Goltzene, Jr. Thomas, R**  
STREET ADDRESS **P.O. Box 476**  
CITY-ST-ZIP **Loxahatchee FL, 33470**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~ Irene Goltzene

4/29/03

561-798-4995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)