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2001 UNIFORM BUSINESS REPORT (UBR)

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Mar 22, 2001 8:00 am DOCUMENT # **P99000043690 Secretary of State** 1. Entity Name DIAMOND JUPITER COMMUNICATIONS, INC. 03-22-2001 90044 016 ***150.00 Principal Place of Business Mailing Address 6902 LINTON STREET-**6302 LINTON STREET** JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 6252 Winding Lake Drive 2. Principal Place of Business 6252 Winding Lake Drive DO NOT WRITE IN THIS SPACE Jupiter Florida Applied For 4. FEI Number 65-0919686 =lonida Not Applicable 33458-3787 Film Beach \$8.75 Additional Palm Beach 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIESLING, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 47.53 W. COINGRESS AVE #206 *1101 NORTH-CONGRESS AVENUE SUITE 2047 **BOYNTON BEACH FL 33426** Zip Code City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) PRESIDENT TITLE TITLE ☐ Delete ☐ Change DRESCHER, DAVID NAME NAME G252 WINDING LAKE DRIVE STREET ADDRESS 6302 JUNTON STREET STREET ADDRESS JUDITER FLORIDA 33458-3787 VICE PRESIDENT CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE □ Delete TITLE ☐ Change Addition DRESCHER EUZABETH 6252 WINDING LAKE DRIVE shimanek, elizabeth (DRESCHER) NAME NAME STREET ADDRESS STREET ADDRESS 6302 LINTON STREET JUPITER, FLORIDA 33458-3787 CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33458 _____Addition. TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change Addition NAME 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