## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2002 8:00 am Secretary of State P99000048941 DOCUMENT # 02-27-2002 90074 048 \*\*\*150.00 1. Entity Name DIAMOND BILLIARDS, INC. Principal Place of Business Mailing Address 20880 5105 14TH ST..WEST 5105 14TH ST..WEST BRADENTON FL 34207 **BRADENTON FL 34207** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0924860 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 BELL, JOHN W Street Address (P.O. Box Number is Not Acceptable) 5105 14TH ST., WEST **BRADENTON FL 34207** City Zio 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 (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete (9/01) TIT F ☐ Change Addition TITLE BELL, JOHN W NAME NAME CR2E034 STREET ADDRESS 5105 14TH ST., WEST STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME NAME FLANIGAN, JENNIFER L STREET ADDRESS 5105 \$4TH ST WEST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Deleta Change ☐ Addition TITLE TITLE BELL, SANDRA NAME STREET ADDRESS STREET ADDRESS 5105 14TH ST WEST CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Chappe 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Bell Pins

FILED

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