

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 30, 2000 8:00 am
Secretary of State
08-03-2000 90039 019 ***150.00

DOCUMENT # P99000053659

1. Entity Name

LOST DIAMOND ENTERPRISES, INC.

Principal Place of Business

**5280 W. MAIN STREET
MIMS FL 32754**

Mailing Address

**5280 W. MAIN STREET
MIMS FL 32754**

2. Principal Place of Business

5280 W. MAIN ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 804

Suite, Apt. #, etc.

City & State

MIMS FL

City & State

MIMS FL

4. FEI Number

59-3583081

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FEAGAN, WILLIAM L
5280 W. MAIN STREET
MIMS FL 32754**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE **PIS** ☐ Delete
NAME **FEAGAN, SHARON R**
STREET ADDRESS **5280 W. MAIN ST**
CITY-ST-ZIP **MIMS FL 32754**

TITLE **DVP/T** ☐ Delete
NAME **FEAGAN, WILLIAM L JR.**
STREET ADDRESS **5280 W. MAIN ST**
CITY-ST-ZIP **MIMS FL 32754**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L FEAGAN JR 7/31/00 321 583-9311

Date

Daytime Phone #

CR2E034 (5/00)