

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90049 009 \*\*\*550.00

**DOCUMENT # P99000061875**

1. Entity Name  
**R & J DIAMOND CONNECTIONS, INC.**



Principal Place of Business  
**7929 AMBLESIDE WAY  
LAKE WORTH FL 33467**

Mailing Address  
**7929 AMBLESIDE WAY  
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

**6801 LAKE WORTH RD.**

**6801 LAKE WORTH RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**335**

**SUITE # 335**

City & State

City & State

**LAKE WORTH, FL.**

**LAKE WORTH, FL.**

Zip

Country

**33467**

**USA**

Zip

Country

**33467**

**USA**

4. FEI Number **22-3665641**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORLANDO, JOHN  
7929 AMBLESIDE WAY  
LAKE WORTH FL 33467**

Name

**ORLANDO, JOHN**

Street Address (P.O. Box Number is Not Acceptable)

**6801 LAKE WORTH RD.**

**SUITE 335**

City

**LAKE WORTH**

FL

Zip Code

**33467**

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

**JOHN ORLANDO**

**9/8/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **0** ☐ Delete  
NAME **ORLANDO, JOHN J**  
STREET ADDRESS **7929 AMBLESIDE WAY**  
CITY-ST-ZIP **LAKE WORTH FL 33467-7351**

TITLE **ORLANDO, JOHN J.** ☒ Change ☐ Addition  
NAME **ORLANDO, JOHN J.**  
STREET ADDRESS **6801 LAKE WORTH RD.**  
CITY-ST-ZIP **SUITE 335 LAKE WORTH, FL. 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *John Orlando*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN ORLANDO**

**9/8/03**

**561-966-1068**

Date Daytime Phone #

CP2E034 (4/03)