

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068546

1. Entity Name

DIAMOND DISPOSAL, INC.

FILED

00 OCT -5 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4439 ELSIE LN.
MILTON FL 32583

Mailing Address

4439 ELSIE LN.
MILTON FL 32583

2. Principal Place of Business

3002 AVALON BLVD

Suite, Apt. #, etc.

3. Mailing Address

3002 AVALON BLVD

Suite, Apt. #, etc.

City & State

MILTON, FL 32583

City & State

MILTON, FL 32583

Zip

3258

Country

USA

Zip

32583

Country

USA

4. FEI Number

59-3595335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

SP

6. Name and Address of Current Registered Agent

FENTON, DAVID
4439 ELSIE LN.
MILTON FL 32583

7. Name and Address of New Registered Agent

Name DAVID FENTON

Street Address (P.O. Box Number is Not Acceptable)
3002 AVALON BLVD

City MILTON

FL

Zip Code

32583

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 reinstating)

DATE

9-26-00

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 D
NAME FENTON, DAVID
STREET ADDRESS 4439 ELSIE LN.
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003436436--8
-10/24/00--01037--012
*****750.00 *****750.00

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

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

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

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

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

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

9-26-00

Date

(850) 983-3060

Daytime Phone #

CR2E034 (5/00)