

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90006 007 \*\*\*550.00

**DOCUMENT # P99000078178**

1. Entity Name  
**FIVE DIAMOND INVESTORS, INC.**



Principal Place of Business: 8245 STATE RD.7, BOYNTON BEACH FL 33437  
 Mailing Address: 8245 STATE RD.7, BOYNTON BEACH FL 33437

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **P.O. Box 3029**  
 Suite, Apt. #, etc.

City & State: **Boynton Beach**

4. FEI Number: **65-0944930**  
 Applied For:  Not Applicable

Zip: **FL** Country: **USA**

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DUBOIS, MONTE D**  
**8245 STATE RD.7**  
**BOYNTON BEACH FL 33437**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DUBOIS, BRETT W</b>
STREET ADDRESS	<b>8245 STATE RD.7</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DUBOIS, MARK G</b>
STREET ADDRESS	<b>8245 STATE RD.7</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DUBOIS, MONTE D</b>
STREET ADDRESS	<b>8245 STATE RD.7</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Timothy L Walker</b>
STREET ADDRESS	<b>8245 State Rd. 7</b>
CITY-ST-ZIP	<b>Boynton Beach FL 33437</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Timothy L Walker* **RED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/21/00** Daytime Phone #: **561.738.7510**

C-1 (7-2000)