

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078178

1. Entity Name

FIVE DIAMOND INVESTORS, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90306 001 ***150.00

Principal Place of Business

8245 STATE RD.7
BOYNTON BEACH FL 33437

Mailing Address

PO BOX 3209
BOYNTON BEACH FL 33437

2. Principal Place of Business

8075 State Road 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

4. FEI Number 65-0944930

Applied For

Not Applicable

Zip

Country

33437

Zip

Country

33424

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

8075 State Rd 7

City Boynton Beach

FL

Zip Code 33437

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.

Monte D. DuBois, Director

(NOTE: Registered Agent signature required when reinstating)

1/25/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	DUBOIS, BRETT W	
STREET ADDRESS	8245 STATE RD.7	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBOIS, MARK G	
STREET ADDRESS	8245 STATE RD.7	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBOIS, MONTE D	
STREET ADDRESS	8245 STATE RD.7	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, TIMOTHY	
STREET ADDRESS	8245 STATE RD 7	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8075 State Rd. 7
CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8075 State Rd. 7
CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8075 State Rd. 7
CITY-ST-ZIP	Boynton Beach FL 33437
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monte D. DuBois

1/25/01

Date

561.498.3000

Daytime Phone #

CR2E034 (10/00)