

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90227 001 ***600.00

DOCUMENT # P99000082533

1. Entity Name

DIAMOND PRODUCTS SALES CORPORATION

Principal Place of Business

**3901 COCONUT PALM DR., STE. 100
 TAMPA FL 33619**

Mailing Address

**3901 COCONUT PALM DR., STE. 100
 TAMPA FL 33619**

2. Principal Place of Business

3120 Williams Rd

3. Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1777

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33510

Country

USA

City & State

Mango, FL

Zip

33550

Country

USA

4. FEI Number

59-3604679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HENDEE, BRETT

100 S. ASHLEY DR., SUITE 1770

TAMPA FL 33602

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 reinstating)

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, 2002 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

TITLE **P** ☐ Delete
 NAME **SMITH, THAYER**
 STREET ADDRESS **3901 COCONUT PALM AVE STE 100**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **ST** ☐ Delete
 NAME **STAFORD, BRUCE**
 STREET ADDRESS **3901 COCONUT PALM DR**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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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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:

Bruce Stafford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/02

Daytime Phone #

813-622-8895

CR2E034 (9/01)