

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100664

1. Entity Name
E DIAMOND CORPORATIONPrincipal Place of Business
4548 SW 37TH AVENUE
FORT LAUDERDALE FL 33312Mailing Address
4548 SW 37TH AVENUE
FORT LAUDERDALE FL 333122. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
ZipCity & State
Zip

Country

4. FEI Number

65-1001931

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COONS, JOHN
4548 SW 37TH AVENUE
FORT LAUDERDALE FL 33312

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

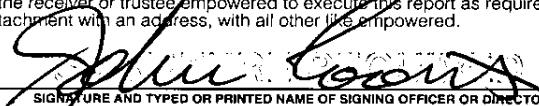
11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME COONS, JOHN
STREET ADDRESS 4548 SW 37TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME OTTERLEE, TIM
STREET ADDRESS 3278 TIRTE LAK DRIVE
CITY-ST-ZIP MARIETTA GA 30067TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME OTTERLEE, JIM
STREET ADDRESS 1270 YESSICO ANN CIRCLE #100
CITY-ST-ZIP NAPLES FL 33949TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
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STREET ADDRESS
CITY-ST-ZIPTITLE Change 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

22 MARCH 2002

Date

Daytime Phone #

031907
AVFILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90233 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)