

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16723

1. Entity Name

DIAMOND TECHNOLOGY, INCORPORATED

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90044 001 ***300.00

Principal Place of Business

Mailing Address

707 MENDHAM BLVD
STE 104
ORLANDO FL 32825
US

707 MENDHAM BLVD
STE 104
ORLANDO FL 32825-3252
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3037512

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEENBERGH, ROBERT M
707 MENDHAM BLVD
STE 104
ORLANDO FL 32825

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, 2000 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 PT ☐ Delete
NAME STEENBERGH, ROBERT M
STREET ADDRESS 630 OLULU RD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME *7801 George Ann Street*
STREET ADDRESS *Winter Park, FL 32792*
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ZERRIP, JAMES D
STREET ADDRESS 2914 ROLLING BROOK DR
CITY-ST-ZIP ORLANDO FL

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

TITLE VPD ☒ Delete
NAME BARTELS, DAVID R.
STREET ADDRESS 1052 CREEKS BEND DR
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *VD McWatters, Robin*
STREET ADDRESS *2103 Cochise Trail*
CITY-ST-ZIP *Casselberry, FL 32707*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

3-1-00 407-262-9000

CR2E034 (9/99)