

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26115

1. Entity Name

DIAMOND CUE, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90094 027 \*\*\*150.00

Principal Place of Business

15333 AMBERLY DR  
TAMPA FL 33647  
US

Mailing Address

15333 AMBERLY DR  
TAMPA F 34639-0789  
US

2. Principal Place of Business

5630 WHITE IBIS LN

3. Mailing Address

P.O. BOX 789

Suite, Apt. #, etc.

LAND O' LAKES FL

Suite, Apt. #, etc.

City & State

LAND O LAKES FL

City & State

LAND O LAKES FL

Zip

Country

34639 USA

Zip

Country

34639 USA

4. FEI Number

59-3116528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOWRY, NANCY  
15333 AMBERLY DRIVE  
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

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

5630 WHITE IBIS LANE

City

LAND O LAKES

FL

Zip Code

34639

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	NOWRY, NANCY	
STREET ADDRESS	15333 AMBERLY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	NOWRY, LEN	
STREET ADDRESS	15333 AMBERLY DRIVE	
CITY-ST-ZIP	TAMPA FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY NOWRY	
STREET ADDRESS	5630 WHITE IBIS LANE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEN NOWRY	
STREET ADDRESS	5630 WHITE IBIS LANE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
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 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:

Nancy Nowry

NANCY NOWRY

4/25/00

(813) 995-9369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)