

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90019 029 \*\*\*150.00

**DOCUMENT # V40826**

1. Entity Name

**DIAMOND M INCORPORATED**

Principal Place of Business

**53 MILESTONE WAY  
 WEST PALM BEACH FL 33415  
 US**

Mailing Address

**53 MILESTONE WAY  
 WEST PALM BEACH FL 33415  
 US**

2. Principal Place of Business

**15590 MEADOW WOOD DR  
 Suite, Apt. #, etc.**

3. Mailing Address

**15590 MEADOW WOOD DR  
 Suite, Apt. #, etc.**

City & State

**WELLINGTON, FL**

City & State

**WELLINGTON, FL**

Zip

**33414**

Country

**USA**

Zip

**33414**

Country

**USA**

4. FEI Number

**65-0338467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MECKSTROTH, CLYDE S**

**53 MILESTONE WAY  
 W PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name

**MECKSTROTH, CLYDE S.**

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

**15590 MEADOW WOOD DR**

City

**WELLINGTON, FL**

FL

Zip Code

**33414**

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 **CLYDE S. MECKSTROTH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE - Registered Agent signature required when reinstating)

**4/25/2002**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MECKSTROTH, CLYDE S.	53 MILESTONE WAY	W PALM BEACH FL 33415	<input type="checkbox"/>
S	MECKSTROTH, YALONDA	53 MILESTONE WAY	W PALM BEACH FL 33415	<input type="checkbox"/>
T	MORING, MARY ELLEN	2800 N. OCEAN DR. #A2A	SINGER ISLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CLYDE S MECKSTROTH	15590 MEADOW WOOD DR	WELLINGTON, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	MECKSTROTH, YALONDA L	15590 MEADOW WOOD DR	WELLINGTON, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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: **CLYDE S. MECKSTROTH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/2002**

Date

**561 793-0567**

Daytime Phone #