

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90941 013 \*\*\*150.00

**DOCUMENT # J74834**

1. Entity Name  
**CONSTRUCTION DIMENSIONS, INC.**



Principal Place of Business

~~3504 S GRANBERRY~~

~~NORTH PORT FL 32428~~

Mailing Address

PO BX 380334

C/O SALVATORE DIPIAZZA

MURDOCK FL 33938

US

2. Principal Place of Business

Suite, Apt. #, etc.

21264 Higgs Dr

City & State

PT Charlotte FL

Zip

33952

Country

Charlotte

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0056210**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DI PIAZZA, SALVATORE

~~848 RIVIERA LANE~~

P.O. BOX 380334

~~PORT CHARLOTTE FL 33935~~

MURDOCK FL 33938

7. Name and Address of New Registered Agent

Name

Construction Dimensions Inc

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

21264 Higgs Dr

PT Charlotte

City

FL

Zip Code

33952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/09/03

President

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **P**

STREET ADDRESS **DI PIAZZA, SALVATORE**

CITY-ST-ZIP **3504 S GRANBERRY BLVD**

**NORTH PORT FL 32428**

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **Sal DiPiazza Pres.**

STREET ADDRESS **Const Dim Inc**

CITY-ST-ZIP **PO BOX 380334**

**MURDOCK FL 33938**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 941 627 0352  
Date Daytime Phone #

CR2E034 (10/02)