2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 277985

1. Entity Name

DI PRIMA CONSTRUCTION CORPORATION

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90087 011 ***150.00

Principal Place of Business	Mailing Address
1199 S. PATRICK DR. P.O. BOX 2595 SATELLITE BEACH FL 32937	1199 S. PATRICK DR. P.O. BOX 2595 SATELLITE BEACH FL 32937-3941

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1160686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIPRIMA,JOSEPH
620 TORTOISE WAY
SATELLITE BEACH FL 32937

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	ST PUCHALA, MICHELLE 1199 SO PATRICK DR SATELLITE BCH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Catherine Bishop 1199 So Patrick Dr. Satellite Beach, FL. 32937	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DI PRIMA, JOSEPH 620 TORTOISE WAY SATELLITE BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE PRIMA, ROSEANN 1199 SO PATRICK DRIVE SATELLITE BEACH FL 33937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAHN, DEMAR 1199 SO PATRICK DRIVE SATELLITE BCH FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 REQUIRED Joseph Di Prima 1-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #