

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90125 040 ***150.00

DOCUMENT # 277985

1. Entity Name

DIPRIMA CONSTRUCTION CORPORATION

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

DIPRIMA, JOSEPH
620 TORTOISE WAY
SATELLITE BEACH FL 32937

Name **Joseph Di Prima**
Street Address (P.O. Box Number is Not Acceptable)
1199 SO PATRICK DR.
City **Satellite Bch.** **FL** Zip Code **32937**

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, 2001 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 **S** ☐ Delete
NAME **BISHOP, CATHERINE**
STREET ADDRESS **1199 SO PATRICK DR** ← **error in St. address**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☒ Change ☐ Addition
NAME **1199 S. Patrick Drive**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **DI PRIMA, JOSEPH**
STREET ADDRESS **620 TORTOISE WAY**
CITY-ST-ZIP **SATELLITE BCH FL** ← **No zip code**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32937**

TITLE **VP** ☐ Delete
NAME **DE PRIMA, ROSEANN** ← **Di Prima, Roseann**
STREET ADDRESS **1199 SO PATRICK DRIVE**
CITY-ST-ZIP **SATELLITE BEACH FL 33937** ← **wrong zip code**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32937**

TITLE **VP** ☐ Delete
NAME **HAHN, DEMAR**
STREET ADDRESS **1199 SO PATRICK DRIVE**
CITY-ST-ZIP **SATELLITE BCH FL 32937**

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

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

April 30, 2001 321-777-2500
Date Daytime Phone #

CR2E034 (10/00)