

2002 UNIFORM BUSINESS REPORT (UBR)

0120339 AV

DOCUMENT # 277985

1. Entity Name

DIPRIMA CONSTRUCTION CORPORATION

FILED

02 FEB -4 PM 12:14

Principal Place of Business

1199 S. PATRICK DR.
P.O. BOX 2595
SATELLITE BEACH FL 32937

Mailing Address

1199 S. PATRICK DR.
P.O. BOX 2595
SATELLITE BEACH FL 32937

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1160686

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIPRIMA, JOSEPH
1199 SO PATRICK DR
SATELLITE BEACH FL 32937

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME BISHOP, CATHERINE
STREET ADDRESS 1199 S PATRICK DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004883938-7
-02/06/02--01078--002
****576.25 ****150.00

TITLE PD
NAME DI PRIMA, JOSEPH
STREET ADDRESS 620 TORTOISE WAY
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME DI PRIMA, ROSEANN
STREET ADDRESS 1199 SO PATRICK DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME HAHN, DEMAR
STREET ADDRESS 1199 SO PATRICK DRIVE
CITY-ST-ZIP 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

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 321-777-2500

CR2E034 (9/01)