

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90096 006 \*\*\*150.00

AV 00564110

**DOCUMENT # 417772**  
 1. Entity Name  
**DALEON CONSTRUCTION CO., INC.**

Principal Place of Business      Mailing Address  
**405 THORPE ROAD**      **405 THORPE ROAD**  
**P.O. BOX 593772**      **P.O. BOX 593772**  
**ORLANDO FL 32859-0772**      **ORLANDO FL 32859-0772**



2. Principal Place of Business      3. Mailing Address  
**405 THORPE ROAD**      **P.O. BOX 593772**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**ORLANDO, FLORIDA**      **ORLANDO, FLORIDA**  
 Zip      Country      Zip      Country  
**32824**      **USA**      **32859 3772**      **USA**

4. FEI Number      Applied For  
**59-1432676**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WARREN, DAVID E**  
**14253 COUNTRY ESTATE DRIVE**  
**WINTER GARDEN FL 34787**

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 *David E Warren* **DAVID E WARREN, President**      **23 JANUARY 2002**  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARREN, DAVID E	
STREET ADDRESS	14253 COUNTRY ESTATE DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, NINA G	
STREET ADDRESS	3413 ELLEN DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David E Warren* **DAVID E WARREN, President**      **23 JAN 2002**      **407-859-8550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)