

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90163 013 ***158.75

DOCUMENT # 597390

1. Entity Name

DiTocco Construction, Inc. ✓

831488

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24 NE 24 AVE

Suite, Apt. #, etc.

3. Mailing Address

24 NE 24 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FL

Zip 33062

Country US

City & State

POMPANO BEACH, FL

Zip 33062

Country US

4. FEI Number

59-1871425

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTHONY DiTOCCO III

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

24 NE 24 AVE.

City

POMPANO BEACH

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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

ANTHONY DiTOCCO III

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

(NOTE: Registered Agent Signature required when reinstating)

4/9/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
ANTHONY DiTOCCO
24 NE 24 AVE.
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
THOMAS DiGORGIO JR.
24 NE 24 AVE
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
WILLIAM A CHARLAND
24 NE 24 AVE.
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
THOMAS DiGORGIO SR.
24 NE 24 AVE.
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY DiTOCCO CEO

4/9/02

(954)941-3329

Office

Daytime Phone #

X.248

CR2E034B (12/01)