

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90034 023 ***150.00

DOCUMENT # 845030

1. Entity Name
DIROCCO CONSTRUCTION CO., INC.

Principal Place of Business
505 BEACHLAND BLVD
SUITE 3
VERO BEACH FL 32963
US

Mailing Address
PO BOX 3467
P.O. BOX 3467
VERO BCH FL 32964
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1012930

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIROCCO, FRED
6110 N A1A
VERO BEACH FL 32963

Name

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

940 CAROLINA CIRCLE S.W.

City

VERO BEACH

FL

Zip Code

32962

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 PD
NAME DIROCCO, MARIA
STREET ADDRESS 505 BEACHLAND BLVD., SUITE 3
CITY-ST-ZIP VERO BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME JONES, JOEL J
STREET ADDRESS 706 -36TH AVE
CITY-ST-ZIP VERO BCH FL 32961

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME DIROCCO, MARIA
STREET ADDRESS 505 BEACHLAND BLVD., SUITE 3
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE MARIA DIROCCO Secy.
NAME SAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE FREDER
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE FREDERICK DIROCCO
NAME 505 BEACHLAND BLVD.
STREET ADDRESS Suite 3 - Vero Beach, FL 32963
CITY-ST-ZIP TREASURER

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)