

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01884

1. Entity Name

DILENA CONSTRUCTION, INC.

P

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90022 042 \*\*\*150.00

Principal Place of Business

20263 HAMILTON AVE.  
PORT CHARLOTTE FL 33952

Mailing Address

20263 HAMILTON AVE.  
PORT CHARLOTTE FL 33952

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

59-2047555

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

BYRON, FRANK B  
425 S TAMIAMI DRIVE, NE  
PORT CHARLOTTE FL 33952

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DILENA, RALPH JR  
813 DOLPHIN AVE NW  
PT. CHARLOTTE FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
DILENA, DOMENICK  
18514 KLINGLER CIR.  
PORT CHARLOTTE FL

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ralph Dilena*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/00

941-964-0338  
Daytime Phone #

CR2E034 (5/00)

attachment #1 FO1884  
80105709

To Whom It May Concern,

Ralph DiFend had brain surgery September of 99' to remove a tumor. Since then he has undergone radiation to the head and pelvic area and because of this has not been mentally competent to handle any of his bills or business affairs. Our father is now in the advanced stages of cancer and is now totally bedridden. The family has begun to get Dad's finances in order, and in doing so discovered your late notice, which our father has no recollection of the first notice, nor did we. The family asks that you would please waiver the late fee as you now can understand our father's condition and our situation. Thank you and any questions please call: (941) 964-0185

sincerely,

Ruth Ann Surgeon  
(Ralph's daughter)