

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90158 030 \*\*\*150.00

0391015

**DOCUMENT # F01884**

1. Entity Name  
**DILENA CONSTRUCTION, INC.**

Principal Place of Business  
~~20263 HAMILTON AVE.~~  
~~PORT CHARLOTTE FL 33952~~

Mailing Address  
~~20263 HAMILTON AVE.~~  
~~PORT CHARLOTTE FL 33952~~

00039771

2. Principal Place of Business  
**813 Dolphin Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**813 Dolphin Ave**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**PORT CHARLOTTE, FL**  
 Zip  
**33948**  
 Country

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 Zip  
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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

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

7. Name and Address of New Registered Agent  
 Name **Ralph Dilena Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**813 Dolphin Ave NW**  
 City **Pt Charlotte** **FL** Zip Code **33952**

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 **Ralph Dilena Jr.** **3/30/01**  
 Signature, typed or printed name of registered agent and title if applicable. (If 71E: 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	DILENA, RALPH JR	
STREET ADDRESS	813 DOLPHIN AVE NW	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DILENA, DOMENICK	
STREET ADDRESS	18514 KLINGLER CIR.	
CITY-ST-ZIP	PORT CHARLOTTE 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	
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: **Ralph Dilena Jr.** **3/30/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)