

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90092 040 \*\*\*158.75

**DOCUMENT # F04613**

1. Entity Name  
**DILORETO & SONS, INC.**



Principal Place of Business  
**2121 N.W. 15TH AVENUE  
POMPAHO BEACH FL 33069**

Mailing Address  
**% CENTRAL INVESTMENT CORP  
10560 ASHVIEW PL. STE 250  
CINCINNATI OH 45242-3795  
US**

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 **59-1998709**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **ZAPATA, ANGEL M**  
STREET ADDRESS **821 CLUB DR.**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ Delete  
NAME **WARD, R H**  
STREET ADDRESS **5 SPRING KNOLL DR**  
CITY-ST-ZIP **CINCINNATI OH**

TITLE **VD** ☐ Delete  
NAME **CAUDILL, RICHARD W**  
STREET ADDRESS **2 BANCHORY CT**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **CD** ☐ Delete  
NAME **KOONS, J.F. III**  
STREET ADDRESS **8320 CAROLINE'S TRACE**  
CITY-ST-ZIP **CINCINNATI OH**

TITLE **V** ☐ Delete  
NAME **THOMPSON, REX E**  
STREET ADDRESS **323 RIDGE RD.**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VS** ☐ Delete  
NAME **SHELL, KEVEN E**  
STREET ADDRESS **724 YALE AVE**  
CITY-ST-ZIP **TERRACE PARK OH**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10560 Ashview Place, Suite 250**  
CITY-ST-ZIP **Cincinnati, OH 45242-3795**

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NAME  
STREET ADDRESS **10560 Ashview Place, Suite 250**  
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NAME  
STREET ADDRESS **10560 Ashview Place, Suite 250**  
CITY-ST-ZIP **Cincinnati, OH 45242-3795**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William P. Martin, II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William P. Martin, II, Treasurer (513) 563-4700**

**3-17-03**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

26027684

F04613

Florida Department of State  
Uniform Business Report  
2003

DiLoreto & Sons, Inc.

Block 10

Title	D
Name	Gamstetter, Neil C.
Street Address	10560 Ashview Place, Suite 250
City-St-Zip	Cincinnati, Ohio 45242

Title	T
Name	William P. Martin, II
Street Address	10560 Ashview Place, Suite 250
City-St-Zip	Cincinnati, Ohio 45242