

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90499 031 \*\*\*150.00

**DOCUMENT # F94000002369**

1. Entity Name

**HYLAN ELECTRICAL CONTRACTING INC.**

Principal Place of Business

**2878 GULF AVENUE  
 STATEN ISLAND NY 10303  
 US**

Mailing Address

**2878 GULF AVENUE  
 STATEN ISLAND NY 10303  
 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

**13-3561498**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, DAN  
 8046 OLD COUNTRY RD  
 NEW PORT RICHEY FL 34853**

7. Name and Address of New Registered Agent

Name

**WILLIAMS, DAN**

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

**9525 DANTEL DRIVE**

City

**NEW PORT RICHEY**

**FL**

Zip Code

**34654**

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 *Danny Williams*

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

(NOTE: Registered Agent signature required when reinstating)

**4/30/02**

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, 2002 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 **P**  Delete  
 NAME **DILEO, JOHN S**  
 STREET ADDRESS **43 CRANFORD AVE.**  
 CITY-ST-ZIP **STATEN ISLAND NY 10306**

TITLE **ST**  Delete  
 NAME **PATERNO, MICHAEL J**  
 STREET ADDRESS **6 MAPLE AVE.**  
 CITY-ST-ZIP **KATONAH NY 10536**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Change  Addition  
 NAME **DILEO, JOHN S.**  
 STREET ADDRESS **100 ROMER ROAD**  
 CITY-ST-ZIP **STATEN ISLAND, NY 10312**

TITLE **ST**  Change  Addition  
 NAME **PATERNO, MICHAEL J.**  
 STREET ADDRESS **128 MISTOVER WAY**  
 CITY-ST-ZIP **PAWLING, NY 12564**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 reports 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

Date

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE