

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90037 004 \*\*\*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  
**1150 SOUTH AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1150 SOUTH AVENUE**  
Suite, Apt. #, etc.

City & State  
**STATEN ISLAND, NY**  
Zip  
**10314**  
Country  
**USA**

City & State  
**STATEN ISLAND, NY**  
Zip  
**10314**  
Country  
**USA**

4. FEI Number **13-3561498**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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

**WILLIAMS, DAN**  
**9525 DANTEL DRIVE**  
**NEW PORT RICHEY FL 34654**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DILEO, JOHN S</b> <b>100 ROMER ROAD</b> <b>STATEN ISLAND NY 10312</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PATERNO, MICHAEL J</b> <b>128 MISTOVER WAY</b> <b>PAWLING NY 12564</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JOHN DILEO JR.</b> <b>80 WINDSOR DRIVE</b> <b>EATONTOWN, NJ 07724</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / CEO</b> <b>ROBERT DILEO</b> <b>1440 GARRETT DRIVE</b> <b>WALL TOWNSHIP, NJ 07719</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

**SIGNATURE: JOHN DILEO**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/16/03**  
Date

Daytime Phone #

CR2E034 (10/02)