

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90032 031 \*\*\*150.00

**DOCUMENT # L49349**

1. Entity Name

**EDWARD DILLON MASONRY, INC.**

Principal Place of Business

646 - 93RD AVE. N.  
NAPLES FL 33963  
US

Mailing Address

646 - 93RD AVE. N.  
NAPLES FL 33963  
US

2. Principal Place of Business

520 111th Ave. N.

3. Mailing Address

520 111th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Naples, FL.

Naples, FL.

City & State

City & State

34108 Collier

34108 Collier

Zip

Country

Zip

Country

4. FEI Number

65-0169067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DILLON, EDWARD  
646 - 93RD AVE., N.  
NAPLES FL 33963

7. Name and Address of New Registered Agent

Name

Dillon Edward

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

520 111th Ave. N.

City

Naples, FL.

FL

Zip Code

34108

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 \$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 **D** ☐ Delete  
NAME **DILLON, EDWARD**  
STREET ADDRESS **646 - 93RD AVE., N.**  
CITY-ST-ZIP **NAPLES FL**

TITLE **AT** ☒ Delete  
NAME **DILLON, WENDY**  
STREET ADDRESS **646 - 93RD AVE., N.**  
CITY-ST-ZIP **NAPLES FL**

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 ☐ 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

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 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 Edward Dillon Edward Dillon 1/5/01 941-566-7909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0396356

CR2E034 (10/00)