2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am P00000100009 DOCUMENT # **Secretary of State** 1. Entity Name. DINICOLA CONSTRUCTION, INC. 02-25-2002 90054 031 ***150.00 Mailing Address Principal Place of Business 1691 GROVEHILL RD. EAST 1691 GROVEHILL RD. EAST. PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3699149 Not Applicable. \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATKINS, ALLAN C Street Address (P.O. Box Number is Not Acceptable) 707 N. FRANKLIN ST., SUITE 750 TAMPA FL 33602 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITI E Change TITLE ☐ Delete DINICOLA, DOMINIC T NAME NAME 1691 GROVEHILL RD. EAST STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John The Room In The True DINICOLA 1/07/02 813-376-3350

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #

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

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