

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90308 045 \*\*\*150.00

**DOCUMENT # P01000088864**

1. Entity Name  
**DGP CONSTRUCTION, INC.**

Principal Place of Business

**PO BOX 2512**  
**APOPKA FL 32704-2512**

Mailing Address

**PO BOX 2512**  
**APOPKA FL 32704-2512**



2. Principal Place of Business

**P.O. Box 2512**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2512**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**APOPKA FL**

**APOPKA FL**

4. Fee Number  
**59-374-5789**

Applied For  
 Not Applicable

**32712-2512 ORANGE**

**32712-2512 ORANGE**

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

6. Name and Address of Current Registered Agent

**STEPHAN, REINHARD G**  
**2699 LEE ROAD #540**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **DANIEL GEORGE PIPOLO**

Street Address (P.O. Box Number is Not Acceptable)  
**1743 WEKIVA DR.**

City **APOPKA** FL **32712**

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 **Daniel G. Pipolo President (PVD) 4/13/02**  
 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, 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	<b>PVD</b>	<input type="checkbox"/> Delete
NAME	<b>PIPOLO, DANIEL GEORGE</b>	
STREET ADDRESS	<b>1743 WEKIVA DRIVE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712-2412</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>PIPOLO, DIANNIA LYNN</b>	
STREET ADDRESS	<b>1743 WEKIVA DRIVE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712-2412</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL GEORGE PIPOLO</b>	
STREET ADDRESS	<b>1743 WEKIVA DRIVE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712-2412</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIANNIA LYNN PIPOLO</b>	
STREET ADDRESS	<b>1743 WEKIVA DRIVE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712-2412</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Daniel G. Pipolo** 4/13/02 407-383-4631  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)