

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90069 013 \*\*\*150.00

0080467 AV

**DOCUMENT # P93000065096**

**1. Entity Name**  
**DIROCCO DEVELOPMENT CORPORATION**



**Principal Place of Business**  
827 DONALD ROSS ROAD. C14  
JUNO BEACH FL 33408

**Mailing Address**  
827 DONALD ROSS ROAD. C14  
JUNO BEACH FL 33408

**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** 65-0437578

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**

**7. Name and Address of New Registered Agent**

**DIROCCO, THOMAS**  
**2319 TREASURE ISLE DRIVE**  
**A-53**  
**PALM BEACH GARDENS FL 33410**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

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

**TITLE** PVST ☐ Delete  
**NAME** DIROCCO, THOMAS  
**STREET ADDRESS** 2319 TREASURE ISLE DR A-53  
**CITY-ST-ZIP** PALM BEACH GARDENS FL 33410

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 like empowered.**

**SIGNATURE:**

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

Date

Daytime Phone #

CP2E034 (4/03)

attachment

86141829  
#P93000065096

# ddc DIROCCO DEVELOPMENT CORPORATION

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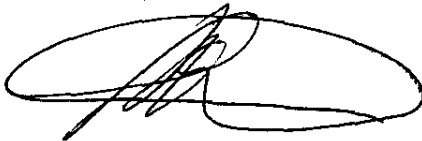
August 22, 2003

Florida Department of State

RE: Uniform Business Report 2003

To Whom It May Concern:

Enclosed with the business report, please find our check in the amount of \$150.00. We have deducted the \$400.00 late fee as per your recording due to the fact that we never received any mailings prior to this late notice.



Thomas R. DiRocco

President

