

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0544756 AV

03-03-2002 90114 030 ***150.00

DOCUMENT # P00000012696

1. Entity Name
DIAS CONSTRUCTION, INC.

Principal Place of Business
**1052 PEPPERIDGE DR.
 PALM HARBOR FL 34683**

Mailing Address
**1052 PEPPERIDGE DR.
 PALM HARBOR FL 34683**



2. Principal Place of Business
1052 PEPPERIDGE DR.
 Suite, Apt. #, etc. **N/A**

3. Mailing Address
1052 PEPPERIDGE DR.
 Suite, Apt. #, etc. **N/A**

DO NOT WRITE IN THIS SPACE

City & State **PALM HARBOR, FL.** City & State **PALM HARBOR, FL.** 4. FEI Number **59-3622020** Applied For Not Applicable

Zip **34683** Country **PINELLAS** Zip **34683** Country **PINELLAS** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**D & B CORPORATE SERVICES, INC.
 5999 CENTRAL AVE., STE.202
 ST. PETERSBURG FL 33710**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAS, STEVEN M 1052 PEPPERIDGE DR. PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAS, LOUISE D 1052 PEPPERIDGE DR. PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **DIAS** **2-18-02 727-784-2433**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)