

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90274 037 ***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. **MA**

3. Mailing Address
1052 PEPPERIDGE DR.
Suite, Apt. #, etc. **MA**

CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor, FL.
Zip **34683** Country **PINELLAS**

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Palm Harbor, FL.
Zip **34683** Country **PINELLAS**

4. FEI Number **59-3622020**

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	DIAS, STEVEN M
STREET ADDRESS	1052 PEPPERIDGE DR.
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	D <input type="checkbox"/> Delete
NAME	DIAS, LOUISE D
STREET ADDRESS	1052 PEPPERIDGE DR.
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **STEVEN M DIAS** **4-13-03** **727-784-2433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)