

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90041 027 ***150.00

0478342

DOCUMENT # 579031

1. Entity Name
INSURADYNE CORP.

Principal Place of Business

**755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY FL 32795-5402**

Mailing Address

**755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY FL 32795-5402**

00007373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0761784**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILL, STEPHEN M
755 RINEHART RD
LAKE MARY FL 32746**

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

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, 2001 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 **P** ☐ Delete
NAME **QUIST, GEORGE R**
STREET ADDRESS **4491 WANDER LANE**
CITY-ST-ZIP **SALT LAKE CITY UT 84117**

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

TITLE **VS** ☐ Delete
NAME **SDARGENT, WILLIAM C**
STREET ADDRESS **4974 HOLLADAY BLVD**
CITY-ST-ZIP **SALT LAKE CITY UT 84117**

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

TITLE **T** ☐ Delete
NAME **QUIST, SCOTT M**
STREET ADDRESS **7 WANDERWOOD WAY**
CITY-ST-ZIP **SANDY UT 84092**

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

TITLE **D** ☐ Delete
NAME **CRITTENDEN, CHARLES**
STREET ADDRESS **2334 FILMORE AVE**
CITY-ST-ZIP **OGDEN UT 84401**

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

TITLE **D** ☐ Delete
NAME **MOODY, HOWARD C**
STREET ADDRESS **1782 E FAUNSDALE DR**
CITY-ST-ZIP **SANDY UT 84092**

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

TITLE **D** ☒ Delete
NAME **LOWE, SHERMAN B**
STREET ADDRESS **2197 S 21ST E**
CITY-ST-ZIP **SALT LAKE CITY UT 84109**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)