

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0618664 AT

DOCUMENT # **613053**

1. Entity Name  
**BEYER DYNAMIC, INC.**



04-28-2003 91411 048 \*\*\*158.75

Principal Place of Business  
**56 CENTRAL AVENUE  
FARMINGDALE NY 11735**

Mailing Address  
**56 CENTRAL AVENUE  
FARMINGDALE NY 11735**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2488413**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \$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  
NAME **DC BEYER, FRED**  Delete  
STREET ADDRESS **STAHLBUHL 34**  
CITY-ST-ZIP **HEILBRONN, W. GERMANY**

TITLE  
NAME **D BIKEL, DIANA**  Change  Addition  
STREET ADDRESS **ALTE MÜHLE**  
CITY-ST-ZIP **ADELSHOFEN, GERMANY**

TITLE  
NAME **DP SPRIGGS, JERRY**  Delete  
STREET ADDRESS **640 PEARCE'S FORD ROAD**  
CITY-ST-ZIP **OSWEGO IL 60543**

TITLE  
NAME **M HIGLEY, JOHN, MR.**  Change  Addition  
STREET ADDRESS **NORTONS COTTAGE**  
CITY-ST-ZIP **ALBOURNE, SUSSEX, U.K.**

TITLE  
NAME **D WULLE, CHRISTA**  Delete  
STREET ADDRESS **43 SAN CARLOS AVE**  
CITY-ST-ZIP **SAUSALITO CA**

TITLE  
NAME **D WOLFGANG LUCKHARDT**  Change  Addition  
STREET ADDRESS **THERESIENSTR. 8**  
CITY-ST-ZIP **74072 HEILBRONN, GERMANY**

TITLE  
NAME **D BICKEL, DIANE**  Delete  
STREET ADDRESS **KARL WULLE STRA. 6**  
CITY-ST-ZIP **HEILBRONN, GERMANY**

TITLE  
NAME **D NIETZER, WOLF**  Change  Addition  
STREET ADDRESS **ALLEE 10**  
CITY-ST-ZIP **74072 HEILBRONN, GERMANY**

TITLE  
NAME ~~**D BIKEL, DIANA**~~  Delete  
STREET ADDRESS ~~**ALTE MÜHLE**~~  
CITY-ST-ZIP ~~**ADELSTOFEN, GERMANY**~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ~~**M HIGLEY, JOHN**~~  Delete  
STREET ADDRESS ~~**NORTONS COTTAGE, SUSSEX**~~  
CITY-ST-ZIP ~~**ALBOURNE, ENGLAND**~~

TITLE  
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 REQUIRED **REC'D M HIGLEY (M)** 04/16/03 631 293 3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)