

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90051 001 \*\*\*300.00

**DOCUMENT # F95000003804**

1. Entity Name  
**DYNECO INTERNATIONAL, INC.**

Principal Place of Business <b>564 INTERNATIONAL PLACE                  ROCKLEDGE FL 32955</b>	Mailing Address <b>564 INTERNATIONAL PLACE                  ROCKLEDGE FL 32955-4200</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>41-1722003</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**EDWARDS, THOMAS C  
 564 INTERNATIONAL PLACE  
 ROCKLEDGE FL 32955**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, GEORGE E</b>	NAME	
STREET ADDRESS	<b>148 WIANNO AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OSTERVILLE MA 02655</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'HALLORAN, JAMES P</b>	NAME	
STREET ADDRESS	<b>105 SPRING ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON MA 02174</b>	CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, PETER G</b>	NAME	
STREET ADDRESS	<b>454 VILLA GRAND AVE S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTGREIVE, ROBERT J</b>	NAME	
STREET ADDRESS	<b>3925 36TH STREET N.W.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CANTON OH</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, THOMAS C</b>	NAME	
STREET ADDRESS	<b>564 INTERNATIONAL PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED* **Thomas C. Edwards 10 Feb 2000 407/639-0333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)