

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

03-12-2001 90035 027 ***158.75

0017122 AV

DOCUMENT # F95000003804 1. Entity Name DYNECO INTERNATIONAL, INC.

Principal Place of Business 564 INTERNATIONAL PLACE ROCKLEDGE FL 32955	Mailing Address 564 INTERNATIONAL PLACE ROCKLEDGE FL 32955
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97711



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 41-1722003	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EDWARDS, THOMAS C 564 INTERNATIONAL PLACE ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, GEORGE E 148 WIANNO AVE OSTERVILLE MA 02655 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HALLORAN, JAMES P 105 SPRING ST ARLINGTON MA 02174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLE, PETER G 454 VILLA GRAND AVE S. ST. PETERSBURG FL 33707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTGREIVE, ROBERT J 3925 36TH STREET N.W. CANTON OH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EDWARDS, THOMAS C 564 INTERNATIONAL PLACE ROCKLEDGE FL 32955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/01)

Attachment
F95000003804

Compressors and Pumps

9771

July 9, 2001

FLORIDA DEPARTMENT OF STATE

Ms Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms Harris:

Enclosed is a copy of the UBR that was sent back to us - signed.

Our Auditors in Minnesota have all of our records at this time. I am unable to send you the original UBR that was filed in a timely manner. This may be confirmed by the fact I sent both corporations' paperwork back to you in the same envelope.

I received confirmation for the F95000003426 but not F95000003804.

The State of Florida received and deposited the payments on both corporations in March, therefore, I believe this fee of \$550.00 is unfounded.

Please respond.

Respectfully,
DYNECO INTERNATIONAL

Nancy D. Talbert

Nancy D. Talbert
Executive Assistant

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003804

1. Entity Name
DYNECO INTERNATIONAL, INC.

Principal Place of Business Mailing Address
564 INTERNATIONAL PLACE 564 INTERNATIONAL PLACE
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number 41-1722003 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and use 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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, GEORGE E	
STREET ADDRESS	148 WIANNO AVE	
CITY-ST-ZIP	OSTERVILLE MA 02655	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'HALLORAN, JAMES P	
STREET ADDRESS	105 SPRING ST	
CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COLE, PETER G	
STREET ADDRESS	454 VILLA GRAND AVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTGREIVE, ROBERT J	
STREET ADDRESS	3925 36TH STREET N.W.	
CITY-ST-ZIP	CANTON OH	
TITLE	CD	<input type="checkbox"/> Delete
NAME	EDWARDS, THOMAS C	
STREET ADDRESS	564 INTERNATIONAL PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George R Schell	
STREET ADDRESS	425 York St	
CITY-ST-ZIP	Norfolk, VA 23510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas C Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Mar '01 327 639 0333
Date Daytime Phone #

Attachment
COPY
9771

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)