# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 10, 2000 8:00 am**
**Secretary of State**
04-10-2000 90170 030 ***158.75

DOCUMENT # F98000004086

1. Entity Name

~~THE DAIS CORPORATION~~ DAIS ANALYTIC CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 2415 DESTINY WAY<br>SUITE 2<br>ODESSA FL 33556<br>US | 2415 DESTINY WAY<br>SUITE 2<br>ODESSA FL 33556-3452<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11552 PROSPEROUS Dr. | 11552 PROSPEROUS DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ODESSA, FLORIDA | City & State: ODESSA, FLORIDA |
| Zip: 33556 Country: PASCO | Zip: 33556 Country: PASCO |

4. FEI Number 14-1760865 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TANGREDI, TIMOTHY
4326 CLAIRIDGE WAY
PALM HARBOR FL 34685

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 X T.N. TANGREDI 4/1/00
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>DOELL, GLENN J<br>4132 VISTA VERDA DR APT 15<br>NEW PORT RICHEY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>DOELL, GLENN J<br>9234 Brindle wood Drive<br>Odessa, FL 33556 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>EHRENBERG, SCOTT G<br>1844 KISMERE DR<br>NEW PORT RICHEY FL 34655 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>EHRENBERG, SCOTT G<br>1844 KISMERE DR.<br>NEW PORT RICHEY, FL 34655 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KAYZAKA, RAY<br>40 MALTA TEST STATION, PLAINS RD.<br>MALTA NY 12020 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KAZYAKA, RAYMOND<br>40 Malta Test Station, Plains Rd<br>MALTA, NY, 12020 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~DV~~<br>~~EHRENBERG, DAVID~~<br>~~64 GREENWOOD DR.~~<br>~~FREEHOLD NJ 07728~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>TANGREDI, TIMOTHY N<br>4326 Clairidge Way<br>Palm Harbor, FL 34685 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TANGREDI, PATRICIA<br>4326 CLAIRIDGE WAY<br>PALM HARBOR FL 34685 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>BLOOMFIELD, DAVID P<br>100 Commonwealth Ave, Unit 301<br>BOSTON, MA 02116 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WNEK, GARY E<br>12508 ROCKY RIVER DR.<br>MIDLOTHIAN VA 23113 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/T/D<br>BLOOMFIELD, ANN H<br>100 Commonwealth Ave, Unit 301<br>BOSTON, MA | ☐ Change ☒ Addition |

CR2E034 (9/99)

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:** X [illegible] 4/1/00 727-375-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #