

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91411 048 ***158.75

DOCUMENT # 613053

1. Entity Name
BEYER DYNAMIC, INC.



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

Zip

Country

Zip

Country

4. FEI Number **11-2488413**

Applied For

Not Applicable

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

☐ Delete

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



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

☐ Delete

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



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



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



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

☒ Change ☐ Addition

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

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOLFGANG LUKHARDT
THERESIESTR. 8
74072 HEILBRONN, GERMANY**

☐ Change ☒ Addition

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

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: GLEY (M)

04/16/03

631 293 3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0618654 AT

CR2E034 (10/02)