2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 02, 2001 8:00 am **DOCUMENT # 445737 Secretary of State** DYNASALES CORPORATION 02-02-2001 90313 041 ***150.00 Principal Place of Business Mailing Address 5596 RIO VISTA DRIVE 5596 RIO VISTA DRIVE **CLEARWATER FL 33760** CLEARWATER FL 33760 3. Mailing Address 5770 Roosevelt Blvd 2. Principal Place of Business 5770 Roosevelt Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 305 Suite 305 City & State City & State Applied For 4. FEI Number 59-1515480 Not Applicable Clearwater, Clearwater. Country \$8.75 Additional Zip 5. Certificate of Status Desired USA Fee Required-33760-3108 33760**-**3108 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARUSSO, JAYNE CARUSSO, JOHN Street Address (P.O. Box Number is Not Acceptable) 5770 Roosevelt Blvd 5596 RIO VISTA DR. CLEARWATER FL 33760 33760-3108 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 1/19/01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President Delete TITLE TITLE ☐ Change CARUSSO, JAYNE CARUSSO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 5770 Roosevelt Blvd. Ste 305 5596 RIO VISTA DR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 Clearwater, Fl 33760-3108 ☐ Addition ☐ Change TITLE ST Delete TITLE NAME NAME CARUSSO, JAYNE STREET ADDRESS STREET ADDRESS 5596 RIO VISTA DR. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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