

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90139 017 \*\*\*150.00

**DOCUMENT # 481230**  
 1. Entity Name  
**DYNOPTIC NEW ENGLAND, INC.**

Principal Place of Business P.O. BOX 84000 ST PETE FL 33784 US	Mailing Address P.O. BOX <del>84000</del> x 232 ST PETE FL <del>33784</del> 33731 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>04-2575920</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**STANKIEWICZ, CY**  
**4399 35TH STREET NORTH.**  
**ST. PETERSBURG FL 33714**

7. Name and Address of New Registered Agent  
 Name  
**Peter J. Privitera**  
 Street Address (P.O. Box Number is Not Acceptable)  
**447 3rd Avenue No.**  
 Suite 203  
 City  
**St. Petersburg** **FL** Zip Code  
**33701**

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: **4-15-00**  
Signature of 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PAYNE, J. SCOTT</b> <b>4399 35TH ST N</b> <b>ST PETE FL 33714</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, RICHARD MD</b> <b>4399 35TH ST N</b> <b>ST PETE FL 33714</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAYNE, JOHN W</b> <b>4399 35TH ST N</b> <b>ST PETE FL 33714</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAYNE, JEFFREY T</b> <b>4399 35TH ST N</b> <b>ST PETE FL 33714</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>STANKIEWICZ, CY</b> <b>4399 35TH ST N</b> <b>ST PETE FL 33714</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MOTTA, JOSEPH E</b> <b>4399 35TH ST N</b> <b>ST PETE FL 33714</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres., Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Peter J. Privitera</b> <b>447 3rd Avenue No. #203</b> <b>St. Petersburg, FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alar S. Murphy, Jr.</b> <b>447 3rd Avenue No. #203</b> <b>St. Petersburg, FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec., Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sandra Gallman</b> <b>447 3rd Avenue No. #203</b> <b>St. Petersburg, FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kristin Barrett</b> <b>447 3rd Avenue No. #203</b> <b>St. Petersburg, FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Daniel S. Allen</b> <b>447 3rd Avenue No. #203</b> <b>St. Petersburg, FL 33701</b>

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: DATE: **4-17-00** DAYTIME PHONE #: **(727) 822-7999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)