

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481230

1. Entity Name

DYNOPTIC NEW ENGLAND, INC.

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

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

Principal Place of Business

Mailing Address

P.O. BOX 84000  
ST PETE FL 33784  
US

P.O. BOX ~~84000~~ x 232  
ST PETE FL ~~33784-4000~~ 33731  
US

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

04-2575920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANKIEWICZ, CY  
4399 35TH STREET NORTH.  
ST. PETERSBURG FL 33714

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-00

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

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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

(727) 822-7999

Daytime Phone #

CR2E034 (9/99)