

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90108 044 ***150.00

DOCUMENT # 649731

1. Entity Name
DYNOPTIC-ST. PETERSBURG, INC.

Principal Place of Business 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784	Mailing Address 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784
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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

4. FEI Number **59-1981912** 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**

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 _____ DATE _____
Signature, typed 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, 2002 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 type="checkbox"/> Delete
NAME	STANKIEWICZ, CY
STREET ADDRESS	4399 35TH ST NORTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33714
TITLE	VT <input type="checkbox"/> Delete
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 48TH AVE S.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VS <input type="checkbox"/> Delete
NAME	PAYNE, JEFFREY T.
STREET ADDRESS	7840 CAUSEWAY BLVD. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V <input type="checkbox"/> Delete
NAME	STEVENS, ROBERT
STREET ADDRESS	9180 60TH STREET N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	V <input type="checkbox"/> Delete
NAME	MOTTA, JOSEPH
STREET ADDRESS	512 JOHNS PASS AVE
CITY-ST-ZIP	MADEIRA BCH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
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: *CY STANKIEWICZ* 04/14/02 7278123008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)