

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90037 050 ***150.00

DOCUMENT # F00000003919

1. Entity Name

DYNOMAR DEVELOPMENT CORP.

Principal Place of Business

SUITE 710
 801 LAUREL OAK DRIVE
 NAPLES FL 34108

Mailing Address

SUITE 710
 801 LAUREL OAK DRIVE
 NAPLES FL 34108

2. Principal Place of Business

4501 TAMIANI TR. NO.

3. Mailing Address

4501 TAMIANI TR. NO.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Country

USA

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2153602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARNER, JOHN A
 SUITE 710
 801 LAUREL OAK DRIVE
 NAPLES FL 34108

7. Name and Address of New Registered Agent

Name JANE E. LAMBERSON

Street Address (P.O. Box Number is Not Acceptable)

4501 TAMIANI TR. N. # 204

City NAPLES

FL

Zip Code

34103

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 JANE E. LAMBERSON CRANE E LAMBERSON 1-18-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 CPT
 NAME HEITLAND, STEFFEN
 STREET ADDRESS PORTENLANGERSTRASSE 4
 CITY-ST-ZIP GRUNWALD, GERMANY D-82031 ☐ Delete

TITLE AS
 NAME LOMBARDO, J. CHRISTOPHER
 STREET ADDRESS SUITE 710, 801 LAUREL OAK DRIVE
 CITY-ST-ZIP NAPLES FL 34108 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P,VP,S-T
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEFFEN HEITLAND 1-18-01

Date

941-202-0170

CR2E034 (10/00)