

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005738

1. Entity Name

DYCON CORPORATION OF MARYLAND

Principal Place of Business

Mailing Address

512 D COMMERCE DRIVE
PANAMA CITY FL 32408
US

P.O. BOX 28265
PANAMA CITY FL 32411-8265
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMMER, GEORGE
512-D COMMERCE DR.
PANAMA CITY BEACH FL 32408

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

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, 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
DCP
BAUMMER, GEORGE P
5833 N. LAGOON DR.
PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
NELSON, THOMAS L
40 GLENBROOK DR.
PHOENIX MD 21131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEISS, GEORGE M
BOX 380, GLENARM AVE.
GLEN ARM MD 21057 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
STROHM, THOMAS A
PO BOX 27997 - 626 AMBERJACK DR.
PANAMA CITY FL 32411-7997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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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:

George P. Baummer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000 850-235-1283
Date Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90007 032 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-0914604**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required