

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005738

1. Entity Name

DYCON CORPORATION OF MARYLAND

Principal Place of Business

512 D COMMERCE DRIVE
PANAMA CITY FL 32408
US

Mailing Address

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

4. FEI Number 52-0914604

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DCP	BAUMMER, GEORGE P	5833 N. LAGOON DR. PANAMA CITY BEACH FL 32408	<input type="checkbox"/>
	DT	NELSON, THOMAS L	40 GLENBROOK DR. PHOENIX MD 21131	<input type="checkbox"/>
	D	WEISS, GEORGE M	BOX 380, GLENARM AVE. GLEN ARM MD 21057	<input checked="" type="checkbox"/>
	VSD	STROHM, THOMAS A	PO BOX 27997 - 626 AMBERJACK DR. PANAMA CITY FL 32411-7997	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

2-5-01

Daytime Phone #

850-235-1283

CR2E034 (10/00)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90296 031 ***150.00



DO NOT WRITE IN THIS SPACE