

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90030 017 \*\*\*158.75

**DOCUMENT # F95000003426**

**1. Entity Name**  
**DYNECO CORPORATION**

**Principal Place of Business**  
**564 INTERNATIONAL PLACE**  
**UNIT B**  
**ROCKLEDGE FL 32955**

**Mailing Address**  
**564 INTERNATIONAL PLACE**  
**UNIT B**  
**ROCKLEDGE FL 32955**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**41-1508703**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**EDWARDS, THOMAS C**  
**564 INTERNATIONAL PLACE**  
**UNIT B**  
**ROCKLEDGE FL 32955**

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, 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** CP ☐ Delete  
**NAME** EDWARDS, THOMAS C  
**STREET ADDRESS** 1426 GLENEAGLES WAY  
**CITY-ST-ZIP** ROCKLEDGE FL

**TITLE** D ☐ Change ☒ Addition  
**NAME** George R. Schell  
**STREET ADDRESS** 425 York St.  
**CITY-ST-ZIP** Norfolk, VA 23510

**TITLE** VD ☐ Delete  
**NAME** EDWARDS, THOMAS C  
**STREET ADDRESS** 1426 GLENEAGLES WAY  
**CITY-ST-ZIP** ROCKLEDGE FL 32955

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

**TITLE** D ☐ Delete  
**NAME** COLE, PETER G  
**STREET ADDRESS** 454 VILLA GRAND AVE., SOUTH  
**CITY-ST-ZIP** ST. PETERSBURG FL

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

**TITLE** D ☐ Delete  
**NAME** HOLTGREIVE, ROBERT J  
**STREET ADDRESS** 3925 36TH ST. N.W.  
**CITY-ST-ZIP** CANTON OH

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

**TITLE** D ☐ Delete  
**NAME** MANNING, GEORGE E  
**STREET ADDRESS** 148 WIANNO AVENUE  
**CITY-ST-ZIP** OSTERVILLE MA 02655

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

**TITLE** D ☐ Delete  
**NAME** O'HALLORAN, JAMES P  
**STREET ADDRESS** 105 SPRING ST.  
**CITY-ST-ZIP** ARLINGTON MA 02174

**TITLE** ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-02

Date

321 639 0333

Daytime Phone #

CR2E034 (9/01)