

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003804

1. Entity Name

DYNECO INTERNATIONAL, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90051 001 \*\*\*300.00

Principal Place of Business

564 INTERNATIONAL PLACE  
ROCKLEDGE FL 32955

Mailing Address

564 INTERNATIONAL PLACE  
ROCKLEDGE FL 32955-4200

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 41-1722003

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

EDWARDS, THOMAS C  
564 INTERNATIONAL PLACE  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, GEORGE E	
STREET ADDRESS	148 WIANNO AVE	
CITY-ST-ZIP	OSTERVILLE MA 02655	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'HALLORAN, JAMES P	
STREET ADDRESS	105 SPRING ST	
CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CÔLE, PETER G	
STREET ADDRESS	454 VILLA GRAND AVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTGREIVE, ROBERT J	
STREET ADDRESS	3925 36TH STREET N.W.	
CITY-ST-ZIP	CANTON OH	
TITLE	CD	<input type="checkbox"/> Delete
NAME	EDWARDS, THOMAS C	
STREET ADDRESS	564 INTERNATIONAL PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
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		
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		
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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Edwards 10 Feb 2000

Date

407/639-0333

Daytime Phone #

CR2E034 (9/99)