

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90035 027 \*\*\*158.75

001712Z AV

**DOCUMENT # F95000003804**

1. Entity Name

**DYNECO INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**564 INTERNATIONAL PLACE  
 ROCKLEDGE FL 32955**

**564 INTERNATIONAL PLACE  
 ROCKLEDGE FL 32955**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**41-1722003**

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  
 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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MANNING, GEORGE E**  
 CITY-ST-ZIP **148 WIANNO AVE  
 OSTERVILLE MA 02655**

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

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

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

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **COLE, PETER G**  
 CITY-ST-ZIP **454 VILLA GRAND AVE S.  
 ST. PETERSBURG FL 33707**

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

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

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

TITLE ☐ Delete  
 NAME **CD**  
 STREET ADDRESS **EDWARDS, THOMAS C**  
 CITY-ST-ZIP **564 INTERNATIONAL PLACE  
 ROCKLEDGE FL 32955**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

Date

Daytime Phone #

CP2E034 (5/01)

*Attachment*  
*F95000003804*

Compressors and Pumps

*9771*

July 9, 2001

**FLORIDA DEPARTMENT OF STATE**

Ms Katherine Harris

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Ms Harris:

Enclosed is a copy of the UBR that was sent back to us - signed.

Our Auditors in Minnesota have all of our records at this time. I am unable to send you the original UBR that was filed in a timely manner. This may be confirmed by the fact I sent both corporations' paperwork back to you in the Same envelope.

I received confirmation for the F95000003426 but not F95000003804.

The State of Florida received and deposited the payments on both corporations in March, therefore, I believe this fee of \$550.00 is unfounded.

Please respond.

Respectfully,  
DYNECO INTERNATIONAL

*Nancy D. Talbert*

Nancy D. Talbert  
Executive Assistant

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000003804**

1. Entity Name

**DYNECO INTERNATIONAL, INC.**Principal Place of Business  
**564 INTERNATIONAL PLACE  
ROCKLEDGE FL 32955**Mailing Address  
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ROCKLEDGE FL 32955**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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  
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ROCKLEDGE FL 32955**

Name

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

City

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SIGNATURE

Signature, typed or printed name of registered agent and use 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 **D** ☐ Delete  
NAME **MANNING, GEORGE E**  
STREET ADDRESS **148 WIANNO AVE**  
CITY-ST-ZIP **OSTERVILLE MA 02655**TITLE **D** ☐ Delete  
NAME **O'HALLORAN, JAMES P**  
STREET ADDRESS **105 SPRING ST**  
CITY-ST-ZIP **ARLINGTON MA 02174**TITLE **DS** ☐ Delete  
NAME **COLE, PETER G**  
STREET ADDRESS **454 VILLA GRAND AVE S.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**TITLE **D** ☐ Delete  
NAME **HOLTGREIVE, ROBERT J**  
STREET ADDRESS **3925 36TH STREET N.W.**  
CITY-ST-ZIP **CANTON OH**TITLE **CD** ☐ Delete  
NAME **EDWARDS, THOMAS C**  
STREET ADDRESS **564 INTERNATIONAL PLACE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Change ☒ Addition  
NAME **George R Schell**  
STREET ADDRESS **425 York St**  
CITY-ST-ZIP **Norfolk, VA 23510**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Mar '01

Date

321 639 0333

Daytime Phone #

CR2E034 (10/00)