

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90123 032 \*\*\*150.00

**DOCUMENT # G03026**

1. Entity Name

**DYER OFFICE MACHINES, INC.**

Principal Place of Business

Mailing Address

**329 SOUTH WOODLAND BLVD  
P.O. 1272  
DELAND FL 32720**

**329 SOUTH WOODLAND BLVD  
P.O. 1272  
DELAND FL 32720**

**5645**



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. Fil Number **59-2234440**

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

**DYER, J. B.  
329 S WOODLAND BLVD  
DELAND FL 32720**

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]*

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

*[Signature]*

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	PD	<input type="checkbox"/> Delete
NAME	DYER, J B	
STREET ADDRESS	713 EAST PLYMOUTH AVENUE	
CITY- ST- ZIP	DELAND, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DYER, BETTY J	
STREET ADDRESS	713 EAST PLYMOUTH AVE	
CITY- ST- ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-22-01**

**886-734-1348**

Date

Daytime Phone #

CR2E034 (10/00)