

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

4/1

04-10-2003 90126 047 ***150.00

DOCUMENT # G86159

1. Entity Name
DYNACO GEARS, INC.



Principal Place of Business
**HWY. 129 SOUTH
LIVE OAK FL 32060
US**

Mailing Address
**P.O. BOX 1036
MAYO FL 32066
US**



2. Principal Place of Business

3. Mailing Address

Rt 1 Box 74A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Omaha GA

4. FEI Number
59-2389956

Applied For
Not Applicable

Zip

Country

Zip
31821

Country
USA

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

**WIEGAND, ROBERT
11716 102 TERRACE
LIVE OAK FL 32060**

**~~Rt 1 Box 74A~~
~~Omaha GA 31821~~
11716 102 Terr
Live Oak FL 32060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WIEGAND, ROBERT**
STREET ADDRESS **11716 102 TERR**
CITY-ST-ZIP **LIVE OAK FL 32060**
**Rt 1 Box 74A
Omaha GA 31821**

TITLE **VP** ☐ Delete
NAME **WIEGAND, KARYL**
STREET ADDRESS **11716 102 TERR**
CITY-ST-ZIP **LIVE OAK FL 32060**
**Rt 1 Box 74A
Omaha GA 31821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Robert W. Wiegand

4-5-03

229-838-0451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Wiegand

Daytime Phone #

CR2E034 (10/02)