

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46493

1. Entity Name

DYNA SOFTWARE & CONSULTING, INC.

Principal Place of Business

Mailing Address

18401 US HIGHWAY 19 NORTH
CLEARWATER FL 33764

18401 US HIGHWAY 19 NORTH
CLEARWATER FL 33764-1739

2. Principal Place of Business

3. Mailing Address

17757 US HWY 19 N

17757 US HWY 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

470

470

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33764

US

33764

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, DWIGHT
18401 US HIGHWAY 19 NORTH
CLEARWATER FL 33764

Name BROWN, PATRICIA

Street Address (P.O. Box Number is Not Acceptable)
1430 ROSETREE CT.

City CLEARWATER

FL

Zip Code 33764

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

Dwight Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DWIGHT	
STREET ADDRESS	18401 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, PATSY	
STREET ADDRESS	18401 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLS, JEFFREY	
STREET ADDRESS	18401 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABBERGER, ROBERT	
STREET ADDRESS	424 BOSPHORUS	
CITY-ST-ZIP	TAMPA FL 33606	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PATRICIA	
STREET ADDRESS	1430 ROSETREE CT.	
CITY-ST-ZIP	CLEARWATER, FL 33764	
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:

Dwight Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 (727) 535-6559

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90060 042 ***150.00

00017700



DO NOT WRITE IN THIS SPACE