

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K62095

1. Entity Name

AAA DRYTECH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90158 013 ***150.00

Principal Place of Business

Mailing Address

~~1436 AZALEA AVENUE~~
CASSELBERRY FL 32707
US

~~1436 AZALEA AVENUE~~
CASSELBERRY FL 32707-3702
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1371 Chaparral LN
Suite, Apt. #, etc.

1371 Chaparral LN
Suite, Apt. #, etc.

Winter Spr. FL
City & State

Winter Springs, FL
City & State

32708 USA
Zip Country

32708 USA
Zip Country

4. FEI Number 59-2922610

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

DUMONT JOHN A.
~~1436 AZALEA AVE~~
CASSELBERRY FL 32707

Name

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

1371 Chaparral LN
Winter Spr
City

FL

32708
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 PD
NAME DUMONT, JOHN A.
STREET ADDRESS ~~1436 AZALEA AVE~~
CITY-ST-ZIP CASSELBERRY FL ☐ Delete

TITLE ~~Owner~~
NAME 1371 Chaparral LN
STREET ADDRESS Winter Springs, FL 32708
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME DUMONT, RICHARD P.
STREET ADDRESS ~~1436 AZALEA AVE~~
CITY-ST-ZIP CASSELBERRY FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (9/99)