

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
 02-19-2001 90048 028 ***150.00

DOCUMENT # K62095

1. Entity Name
AAA DRYTECH, INC.

Principal Place of Business
1371 CHAPARRAL LN
WINTER SPRINGS FL 32708
US

Mailing Address
1371 CHAPARRAL LN
WINTER SPRINGS FL 32708
US

UUU10413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1940 South Blvd
 Suite, Apt. #, etc.

3. Mailing Address
1940 South Blvd
 Suite, Apt. #, etc.

City & State
Maitland, Florida
 Zip
32251 Country
US

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Maitland, Florida
 Zip
32251 Country
US

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
DUMONT JOHN A.
1371 CHAPARRAL LN
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
 Name
DUMONT JOHN A
 Street Address (P.O. Box Number is Not Acceptable)
1940 South Blvd
 City
Maitland FL Zip Code
32251

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 **John Dumont** (NOTE: Registered Agent signature required when reinstating) DATE **2/9/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DUMONT, JOHN A. 1371 CHAPARRAL LN WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **John Dumont** DATE **2/9/2001** DAYTIME PHONE # **(407) 699-4600**

CR2E034 (10/00)