

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006357

1. Entity Name

THE DIACYN GROUP, L.C.

FILED

01 JAN 16 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1520 GULF BOULEVARD, UNIT #1806
CLEARWATER FL 33767

Mailing Address

1520 GULF BOULEVARD, UNIT #1806
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3607527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINEAR, GERRY D
1520 GULF BLVD., UNIT #1806
CLEARWATER FL 33767

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
ROSS, AL
STREET ADDRESS
2674 MCMULLEN BOOTH ROAD, UNIT #1122
CITY-ST-ZIP
CLEARWATER FL 33761

TITLE NAME ☐ Change ☐ Addition
800003554378-6
-01/18/01--01093--012
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM
MINEAR, GERRY D
STREET ADDRESS
1520 GULF BOULEVARD, UNIT 1806
CITY-ST-ZIP
CLEARWATER FL 33767

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Gerry D Minear

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-01 727-469-8710

CR2E083 (11/00)