

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-10-2001 90066 044 ***150.00

DOCUMENT # P00000005419

1. Entity Name
DYTRYCH MANAGEMENT SERVICES, INC.

Principal Place of Business
701 U.S. HIGHWAY ONE
SUITE 402
NORTH PALM BEACH FL 33408

Mailing Address
701 U.S. HIGHWAY ONE
SUITE 402
NORTH PALM BEACH FL 33408

2. Principal Place of Business
2700 PGA Blvd., Ste. 203

3. Mailing Address
2700 PGA Blvd., Ste. 203

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip
33410

Country
Palm Beach

Zip
33410

Country
Palm Beach

4. FEI Number
65-0974144

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE W
701 U.S. HIGHWAY ONE
SUITE 402
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
Martin A. Dytrych

Street Address (P.O. Box Number is Not Acceptable)
2700 PGA Blvd.

Suite 203

City
Palm Beach Gardens

FL Zip Code
33410

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 *Mart A. Dytrych* v.p. DATE **4/26/01**

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

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 DYTRYCH, WATESAH W 12886 LAROCHELLE CIRCLE PALM BEACH GARDENS FL 33410	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DYTRYCH, MARTIN A 12886 LAROCHELLE CIRCLE PALM BEACH GARDENS FL 33410	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *Mart A. Dytrych* **Martin A. Dytrych** DATE **4/26/01** DAYTIME PHONE # **561-694-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)