

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
 05-21-2001 90349 038 ***150.00

DOCUMENT # P00000067276

1. Entity Name
 DYNETECH CORPORATION

Principal Place of Business **Mailing Address**
 255 S. Orange Ave., 6th Flr. P. O. Box 1511
 Orlando, Florida 32801 Orlando, Florida 32802

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
 59-3675537

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Pino, Laurence J. Esquire
 255 S. Orange Ave., 6th Floor
 Orlando, FL 32801

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>
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11. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> Delete
NAME	Pino, Laurence J.	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	Wilson, Patricia T.	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	T	<input type="checkbox"/> Delete
NAME	Quinn, Wanda	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	Wassell, James T.	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	Strobel, David L.	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	Wimble, William R.	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	

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		<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:  Laurence J. Pino 4/11/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment

P000000067274
769013

11. (Continued)

TITLE	D
NAME	Addonisio
STREET ADDRESS	2400 Hampton Lane West
CITY-ST-ZIP	Safety Harbor, FL 34695