

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

0130422 AT

DOCUMENT # **P93000036689**

1. Entity Name
DYPROC CORPORATION



Principal Place of Business
**1601 NORTH PALES AVE
PO BOX 260593
PEMBROKE PINES FL 33026-7593**

Mailing Address
**P.O. BOX 824281
SOUTH FLORIDA FL 33082-4281
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0439358**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DAVIS, LENFORD
11010 NORTHWEST 22ND STREET
PEMBROKE PINES FL 33026**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, LENFORD
P.O. BOX 824281 N/A
SOUTH FLORIDA FL** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Don

7/30/03

Date

954-383654

Daytime Phone #

CR2E034 (4/03)

attachment

Dyproc Corporation
P.O. Box 260593
Pembroke Pines, FL 33026

10110624
#P930000300089

July 30, 2003

Florida Department of State / UBR Section
P.O. Box 1500
Tallahassee, FL 32302-1500

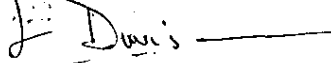
To Whom It May Concern:

We received a notice to file on July 28, 2003. We filed electronically in 2002. We received no notice prior to this containing our electronic access code and hence was unable to file.

Sincerely,

Dyproc Corporation

Lenford Davis / for and on behalf of Dyproc Corporation



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