

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008568

1. Entity Name  
DYN-O-MAT, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90272 035 \*\*\*150.00

Principal Place of Business Mailing Address  
~~1374 N. KILLIAN DR.~~ ~~1374 N. KILLIAN DR.~~  
~~LAKE PARK FL 33403~~ ~~LAKE PARK FL 33403~~  
US US

2. Principal Place of Business 3. Mailing Address  
2001 Australian Ave ← Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Riviera Beach FL City & State

City & State Zip Country Zip Country  
33404 USA

4. FEI Number 65-0409651 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
CORDANI, PETER J  
1374 N. KILLIAN DRIVE  
SUITE "A"  
LAKE PARK FL 33403

7. Name and Address of New Registered Agent  
Name Peter J. Cordani  
Street Address (P.O. Box Number is Not Acceptable)  
2001 Australian Ave  
City Riviera Beach FL Zip Code 33404

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 \_\_\_\_\_ (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. ☐ 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input checked="" type="checkbox"/> Delete		TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDANI, PETER J			NAME	Peter Cordani		
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A"			STREET ADDRESS	2001 Australian Ave		
CITY-ST-ZIP	LAKE PARK FL 33403			CITY-ST-ZIP	Riviera Beach, FL 33404		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VPRES.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDANI, PETER J			NAME	J.D. DUTTON		
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A"			STREET ADDRESS	2001 Australian Ave		
CITY-ST-ZIP	LAKE PARK FL 33403			CITY-ST-ZIP	Riviera Beach FL 33404		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S. Peter Cordani	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDANI, PETER J			NAME	2001 Australian Ave		
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A"			STREET ADDRESS	Riviera Beach, FL 33404		
CITY-ST-ZIP	LAKE PARK FL 33403			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	T. Michael Cordani	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDANI, MICHAEL			NAME	2001 Australian Ave		
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A"			STREET ADDRESS	Riviera Beach FL 33404		
CITY-ST-ZIP	LAKE PARK FL 33403			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	PRES.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	Peter Cordani		
STREET ADDRESS				STREET ADDRESS	2001 Australian Ave		
CITY-ST-ZIP				CITY-ST-ZIP	Riviera Beach FL 33404		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Peter J. Cordani 4/01 (561) 863-9113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)