

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031853

1. Entity Name

DYWORKS, INC.

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90253 047 \*\*\*150.00

Principal Place of Business

Mailing Address

357 6TH AVE. W.  
BRADENTON FL 34205

5009 45<sup>TH</sup> ST. W.  
BRADENTON, FL 34210

357 6TH AVE. W.  
BRADENTON FL 34205

P.O. Box 10425  
34282

2. Principal Place of Business

5009 45<sup>TH</sup> ST. W.

3. Mailing Address

P.O. Box 10425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

Country

34210

Zip

Country

34282

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENDON, COLLEEN  
357 6TH AVE. W.  
BRADENTON FL 34205

Name: VERA HORNYAK  
Street Address (P.O. Box Number is Not Acceptable): 357 6TH AVE W  
City: BRADENTON FL Zip Code: 34205

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]*

VERA HORNYAK

2/22/2000

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. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D NEWLAND, ANDREW R 5009 45TH ST. W. BRADENTON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-00 941-756-2885

CR2E034 (9/99)