

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90045 015 \*\*\*150.00

**DOCUMENT # P97000040553**

1. Entity Name  
**DYNAN GROUP, INC.**

Principal Place of Business

**224 SW SECOND AVE  
 GAINESVILLE FL 32601  
 US**

Mailing Address

**P.O. BOX 2743  
 GAINESVILLE FL 32602  
 US**

**00028636**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**19 S.W. Second Street**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Gainesville, FL**

City & State

4. FEI Number **59-3444235**

Applied For

Not Applicable

Zip

**32601**

Country

**Alachua**

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

**MULDOWNEY, LORNA K  
 4430 NW 16TH PLACE  
 GAINESVILLE FL 32605**

Name

**MULDOWNEY, LORNA K.**

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

**201 S.E. Second Avenue**

City

**Gainesville**

FL

Zip Code

**32601**

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

*Lorna K. Muldowney*  
 Signature, typed or printed name of registered agent and title if applicable.

**LORNA K. MULDOWNEY, V.P.**

**3/22/01**  
 DATE

(NOTE: 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	MULDOWNEY, GERALD A	
STREET ADDRESS	4430 NW 16TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MULDOWNEY, LORNA K	
STREET ADDRESS	4430 NW 16TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULDOWNEY, Gerald A.	
STREET ADDRESS	201 S.E. Second Avenue	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULDOWNEY, LORNA K.	
STREET ADDRESS	201 S.E. Second Avenue	
CITY-ST-ZIP	Gainesville, FL 32601	
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: *Lorna K. Muldowney* **LORNA K. MULDOWNEY** **3/22/01** **(352) 378-1511**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)