

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90131 033 ***550.00

DOCUMENT # P97000099646

1. Entity Name
F.W. DYN INVESTMENTS, INC.

Principal Place of Business

3420 COUNTY RD. 540A
 LAKELAND FL 33813

Mailing Address

3420 COUNTY RD. 540A
 LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

5419 MOON VALLEY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND FL

Zip

Country

Zip

Country

33813

4. FEI Number

59-3507185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, THOMAS C

395 S. CENTRAL AVE.

BARTOW FL 33830

Name

SAUNDERS, THOMAS C.

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

1940 East EDGEWOOD DRIVE

City

LAKELAND

FL

33803

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PTD** ☐ Delete
 NAME **WAGNER, FRIEDRICH**
 STREET ADDRESS **3420 COUNTY RD. 540A**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
 NAME **5419 MOON VALLEY DRIVE**
 STREET ADDRESS **LAKELAND FL 33813**
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete
 NAME **WAGNER, CONSTANTIN PHD**
 STREET ADDRESS **3420 CR 540A**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
 NAME **5419 MOON VALLEY DRIVE**
 STREET ADDRESS **LAKELAND FL 33813**
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

FRIEDRICH WAGNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 12, 02 (863) 6466222

Date

Daytime Phone #

CR2E034 (4/02)