

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081914

1. Entity Name

DYNO PERFORMANCE ENGINEERING, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90488 043 ***150.00

Principal Place of Business

Mailing Address

S.W. KANSAS AVENUE
STUART FL 34997

9205 S.W. KANSAS AVENUE
STUART FL 34997-7132

2. Principal Place of Business

3. Mailing Address

2980 SW BRIGHTON WAY

2980 SW BRIGHTON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM CITY FL

City & State
PALM CITY FL

4. FEI Number 65-0864476

Applied For
Not Applicable

Zip 34990 Country USA

Zip 34990 Country USA

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

CRARY, LAWRENCE E III
555 COLORADO AVENUE
SUITE 1
STUART FL 34994

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.

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 \$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 D
NAME KOLL, H. ERIC
STREET ADDRESS 9205 S.W. KANSAS AVENUE
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE D
NAME FOX, MICHAEL
STREET ADDRESS 3906 OAK BRANCH CIRCLE WEST
CITY-ST-ZIP MEMPHIS TN 38135 ☐ Delete

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

TITLE D
NAME KOLL, HENRY L
STREET ADDRESS 9205 S.W. KANSAS AVENUE
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

4-1-00

Date

561-692-2208

Daytime Phone #

CR2E034 (9/99)