

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90063 037 ***158.75

DOCUMENT # P98000082668

1. Entity Name

OMNIDYNE, INC.

Principal Place of Business

2445 WEYMOUTH DR
CLEARWATER FL 33764

Mailing Address

2445 WEYMOUTH DR
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3540468

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO FL 33771

Name DAVID L GOULET

Street Address (P.O. Box Number is Not Acceptable)
2445 WEYMOUTH DR.

CLEARWATER FLA.

City

FL

Zip Code

33764

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 DAVID L GOULET

Signature, typed or printed name of registered agent and title if applicable.

David L. Goulet

(NOTE: Registered Agent signature required when reinstating)

3-14-01

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, 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 D ☐ Delete
NAME GOULET, DAVID
STREET ADDRESS 7445 WEYMOUTH DR
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☒ Change ☐ Addition
NAME 2445 WEYMOUTH DR.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SULLIVAN, STEVEN
STREET ADDRESS 19504 WYNDILL CIR
CITY-ST-ZIP ODESSA FL 33556

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: David L Goulet Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-01 727-544-0570

Daytime Phone #

CR2E034 (10/00)