

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082668

1. Entity Name  
OMNIDYNE, INC.Principal Place of Business  
2445 WEYMOUTH DR  
CLEARWATER FL 33764Mailing Address  
2445 WEYMOUTH DR  
CLEARWATER FL 337642. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
Zip CountryCity & State  
Zip Country4. FEI Number  
**59-3540468**  Applied For  
 Not Applicable5. Certificate of Status Desired  
 **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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.

(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 State10. 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 GOULET, DAVID 7445 WEYMOUTH DR CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2445 Weymouth DR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, STEVEN 19504 WYNDILL CIR ODESSA FL 33556	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 3-14-01 727-544-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #