

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030275

1. Entity Name

PRODUCT DYNAMICS, INC.

Principal Place of Business

3301 BAYSHORE BLVD. #1807
TAMPA FL 33629

Mailing Address

3301 BAYSHORE BLVD. #1807
TAMPA FL 33629-8845

2. Principal Place of Business

3731 W. CASS ST.

Suite, Apt. #, etc.

3. Mailing Address

3731 W. CASS ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3568802

Applied For

☒ Not Applicable

Zip

33609

Country

USA

Zip

33609

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

OLMSTEAD, SHAWN N
3301 BAYSHORE BLVD. #1807
TAMPA FL 33629

*CORRECTION FIRST NAME
SHAWN*

Name *SHAWN N. OLMSTEAD*

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

3731 W. CASS ST.

City

TAMPA

FL

Zip Code
33609

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 *SHAWN N. OLMSTEAD*

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

(NOTE: Registered Agent signature required when reinstating)

04/28/00

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

TITLE *PRESIDENT* ☐ Delete
NAME *SHAWN N. OLMSTEAD*
STREET ADDRESS *3731 W. CASS ST.*
CITY-ST-ZIP *TAMPA, FL 33609*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAWN N. OLMSTEAD *04/28/00*

Date

(813) 874-9990

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90048 005 ***150.00



DO NOT WRITE IN THIS SPACE

CF 2E034 (9/99)