

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000038319**

1. Entity Name

DYNA-AIR CORPORATION**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90036 014 ***158.75

Principal Place of Business

**3580 SHAW BOULEVARD
100
NAPLES FL 34117**

Mailing Address

**3580 SHAW BOULEVARD
100
NAPLES FL 34117**

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 **65-0930759**Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SHAW, JAMES
3580 SHAW BOULEVARD
STE 100
NAPLES FL 34117**

7. Name and Address of New Registered Agent

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

James R. Shaw, President-Director 03-01-01

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, 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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SHAW, JAMES R | |
| STREET ADDRESS | 3580 SHAW BLVD | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | FVPD | <input type="checkbox"/> Delete |
| NAME | MARSHALL, STEPHEN A | |
| STREET ADDRESS | 10 AMMON DRIVE | |
| CITY-ST-ZIP | MANCHESTER NH 03103 | |
| TITLE | 2VPD | <input type="checkbox"/> Delete |
| NAME | PATTON, R. DOUGLAS | |
| STREET ADDRESS | 3580 SHAW BLVD | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PASQUALE, FRANK D | |
| STREET ADDRESS | 10 AMMON DRIVE | |
| CITY-ST-ZIP | MANCHESTER NH 03103 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WESTERMAN, F. GRANT | |
| STREET ADDRESS | 3580 SHAW BOULEVARD | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | EDWARDS, LEE A | |
| STREET ADDRESS | 3580 SHAW BOULEVARD | |
| CITY-ST-ZIP | NAPLES FL 34117 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Downes, Dennis E. | |
| STREET ADDRESS | 3580 Shaw Boulevard | |
| CITY-ST-ZIP | Naples, FL 34117 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hines, Glen | |
| STREET ADDRESS | 10 Ammon Drive | |
| CITY-ST-ZIP | Manchester, NH 03103 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

James R. Shaw, Pres. 03-01-01 941-304-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

05-02006