

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90007 020 \*\*\*158.75

**DOCUMENT # P99000038319**

**1. Entity Name**  
**DYNA-AIR CORPORATION**

**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 Applicable

**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**

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

Name **Robert D. Patton**

Street Address (P.O. Box Number is Not Acceptable)  
**3580 Shaw Blvd.**

**Suite 100**

City **Naples**

**FL**

Zip Code **34117**

**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: *Robert D. Patton*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-5-02**

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, 2002 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 **PD** ☐ Delete  
 NAME **SHAW, JAMES R**  
 STREET ADDRESS **3580 SHAW BLVD**  
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Shaw, James R.**  
 STREET ADDRESS **3580 Shaw Blvd.**  
 CITY-ST-ZIP **Naples, FL 34117**

TITLE **FVPD** ☐ Delete  
 NAME **MARSHALL, STEPHEN A**  
 STREET ADDRESS **10 AMMON DRIVE**  
 CITY-ST-ZIP **MANCHESTER NH 03103**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Marshall, Stephen A.**  
 STREET ADDRESS **10 Ammon Dr.**  
 CITY-ST-ZIP **Manchester, NH 03103**

TITLE **2VPD** ☒ Delete  
 NAME **PATTON, R. DOUGLAS**  
 STREET ADDRESS **3580 SHAW BLVD**  
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Leon Demere - Treasurer**  
 STREET ADDRESS **10 Ammon Drive**  
 CITY-ST-ZIP **Manchester, NH 03103**

TITLE **SD** ☒ Delete  
 NAME **PASQUALE, FRANK D**  
 STREET ADDRESS **10 AMMON DRIVE**  
 CITY-ST-ZIP **MANCHESTER NH 03103**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Dennis Downes**  
 STREET ADDRESS **3580 Shaw Blvd.**  
 CITY-ST-ZIP **Naples, FL 34117**

TITLE **T** ☒ Delete  
 NAME **WESTERMAN, F. GRANT**  
 STREET ADDRESS **3580 SHAW BOULEVARD**  
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Eric Lardiere**  
 STREET ADDRESS **10 Ammon Drive**  
 CITY-ST-ZIP **Manchester, NH 03103**

TITLE **AS** ☐ Delete  
 NAME **EDWARDS, LEE A**  
 STREET ADDRESS **3580 SHAW BOULEVARD**  
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **2VPD** ☐ Change ☒ Addition  
 NAME **Robert D. Patton**  
 STREET ADDRESS **3580 Shaw Blvd.**  
 CITY-ST-ZIP **Naples, FL 34117**

**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

**3-5-02**

Date

**941-354-1200**

Daytime Phone #

CR2E034 (9/01)