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

RICHARD A. WATEN.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9900061234  1. Entity Name DYN-O-START, INC.				Feb 27, 2001 8:00 am Secretary of State 02-27-2001 90340 009 ***150.00		
Principal Place of Business Mailing Address						
1339-R West Washington St. Suite D Orlando Fl 32805		1339-R WEST WASHINGTON ST. SUITE D ORLANDO FL 32805		72119	12	
2 Principal F	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			
					/30 11916 11890 1111 BIOL 1591	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS:	SPACE	
City & State		City & State		4. FEI Number 59-3586562	Applied For Not Applicable	
Zip	Country	Zip	Country	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		
WAT	ERS, RICHARD A	المحمد يتعلق الماييات المي	Name	entre and the second of the se		
1339-R WEST WASHINGTON ST, SUITE D			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32805						
			City	FL	Zip Code	
Tax filing	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	E: Registered Agent Signature required IS \$150.00 Pres Will be \$550.00 Pres to Department of St	10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	<del></del>	12.	ADDITIONS/CHANGES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	D Waters, Richard A 1339-R West Washington St, Orlando Fl 32805	Delete SUITE D	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing does not qualify for true and accurate and that n wered to execute this report ith all other like empowered.	the exemption stated in S ny signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further cer e same legal effect as if made under oath; that is 07 Florida Statutes; and that my name appears in	tify that the information am an officer or director n Block 11 or Block 12 if	