

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063378

1. Entity Name

MAINSTREETWEEK.COM CORPORATION  
DYNETECH CORPORATION

Principal Place of Business

255 SOUTH ORANGE AVENUE, SIXTH FLOOR  
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE, SIXTH FLOOR  
ORLANDO FL 32801-3445

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1511

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32802

Country

4. FEI Number

59-3587890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINO, LAURENCE J  
255 SOUTH ORANGE AVENUE  
SIXTH FLOOR  
ORLANDO FL 32802

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

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, 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	D	<input type="checkbox"/> Delete
NAME	PINO, LAURENCE J	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SIXTH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S Wilson, Patricia T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	255 S. Orange Ave., Sixth Floor	
STREET ADDRESS	Orlando, FL 32801	
CITY-ST-ZIP		
TITLE	D Wassell, James T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	255 S. Orange Ave., Sixth Floor	
STREET ADDRESS	Orlando, FL 32801	
CITY-ST-ZIP		
TITLE	D Strobel, David L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	255 S. Orange Ave., Sixth Floor	
STREET ADDRESS	Orlando, FL 32801	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 407425-7831  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)