

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079664

1. Entity Name

RETRIEVAL DYNAMICS CORPORATION

Principal Place of Business

1819 MAIN STREET
SARASOTA FL 34236

Mailing Address

1819 MAIN STREET
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

SUITE 702

City & State

3. Mailing Address

Suite, Apt. #, etc.

SUITE 702

City & State

Zip

Country

SARASOTA

Zip

Country

SARASOTA

6. Name and Address of Current Registered Agent

CELLA, ANTHONY A
7430 FAIRLINES CT.
SARASOTA FL 34243

4. FEI Number

65-0947666

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
VOGHEL, PETER
1819 MAIN STREET
SARASOTA FL 34236 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
CELLA, ANTHONY
7430 FAIRLINES CT.
SARASOTA FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HARKOLA, JOHN
1819 MAIN STREET
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
HARKOLA, JOHN
1819 MAIN STREET
SARASOTA FLORIDA ☒ Change ☐ Addition

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

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

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

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

ANTHONY A. CELLA

Date

2/19/01

Daytime Phone #

(941) 365-9955

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90117 018 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)