

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S34258**

1. Entity Name

DYCOR CORPORATION

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90055 027 ***150.00

Principal Place of Business

Mailing Address

**1626 S CONWAY RD
STE A
ORLANDO FL 32812
US**

**P. O. BOX 720278 N/A
ORLANDO FL 32872-0278
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 196369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINTER SPRINGS, FL

4. FEI Number **59-3053789**

Applied For
Not Applicable

Zip

Country

Zip

Country

32719-6369

US

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

**COLON, DOLORES YORCA
554 MELLOWOOD AVENUE
ORLANDO FL 32825**

Name

Street Address (P.O. Box Number is Not Acceptable)
606 FISHER ROAD

City **WINTER SPRINGS**

FL

Zip Code
32708

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COLON, DOLORES YORCA**
STREET ADDRESS **554 MELLOWOOD AVE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☒ Change ☐ Addition
NAME **606 FISHER ROAD**
STREET ADDRESS **WINTER SPRINGS, FL 32708**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

DOLORES Y. COLON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-00

(407) 695-2330

Date

Daytime Phone #

CR2E034 (9/99)