

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649731

1. Entity Name

DYNOPTIC-ST. PETERSBURG, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90125 039 \*\*\*150.00

Principal Place of Business 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784	Mailing Address 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784-4000
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1981912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PAYNE, JOHN W  
 4399 35TH STREET NORTH.  
 ST. PETERSBURG FL

**7. Name and Address of New Registered Agent**

Name: **STANKIEWICZ, CY**  
 Street Address (P.O. Box Number is Not Acceptable):  
**4399 35TH STREET NORTH**  
 City: **ST. PETERSBURG** FL Zip Code: **33714**

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]* V.P. DATE: **04/17/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>DUFFY, CHARLES</b> STREET ADDRESS: <b>13380 86TH AVENUE N</b> CITY-ST-ZIP: <b>SEMINOLE FL</b>
TITLE: <b>VT</b> <input type="checkbox"/> Delete	NAME: <b>STANKIEWICZ, CY</b> STREET ADDRESS: <b>3804 46TH AVE S.</b> CITY-ST-ZIP: <b>ST PETERSBURG FL</b>
TITLE: <b>VS</b> <input type="checkbox"/> Delete	NAME: <b>PAYNE, JEFFREY T.</b> STREET ADDRESS: <b>7840 CAUSEWAY BLVD. S.</b> CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>
TITLE: <b>V</b> <input type="checkbox"/> Delete	NAME: <b>STEVENS, ROBERT</b> STREET ADDRESS: <b>9180 60TH STREET N.</b> CITY-ST-ZIP: <b>PINELLAS PARK FL</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>PAYNE, JOHN W</b> STREET ADDRESS: <b>68 DOLPHIN DRIVE</b> CITY-ST-ZIP: <b>TREASURE ISLAND FL</b>
TITLE: <b>V</b> <input type="checkbox"/> Delete	NAME: <b>MOTTA, JOSEPH</b> STREET ADDRESS: <b>512 JOHNS PASS AVE</b> CITY-ST-ZIP: <b>MADEIRA BCH FL</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>PAYNE, J. SCOTT</b> STREET ADDRESS: <b>4399 35TH ST NORTH</b> CITY-ST-ZIP: <b>ST. PETERSBURG, FL 33714</b>
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: 
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: 
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]* **STANKIEWICZ, CY** DATE: **04/17/00** DAYTIME PHONE #: **727-812-3008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR