

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90108 044 \*\*\*150.00

**DOCUMENT # 649731**

1. Entity Name  
**DYNOPTIC-ST. PETERSBURG, INC.**

Principal Place of Business <b>4399 35TH ST. N.          P.O. BOX 84000          ST PETERSBURG FL 33784</b>	Mailing Address <b>4399 35TH ST. N.          P.O. BOX 84000          ST PETERSBURG FL 33784</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-1981912**      Applied For  
 Not Applicable

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

**STANKIEWICZ, CY  
 4399 35TH STREET NORTH.  
 ST. PETERSBURG FL**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANKIEWICZ, CY</b>	NAME	
STREET ADDRESS	<b>4399 35TH ST NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANKIEWICZ, CY</b>	NAME	
STREET ADDRESS	<b>3804 48TH AVE S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNE, JEFFREY T.</b>	NAME	
STREET ADDRESS	<b>7840 CAUSEWAY BLVD. S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, ROBERT</b>	NAME	
STREET ADDRESS	<b>9180 60TH STREET N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTTA, JOSEPH</b>	NAME	
STREET ADDRESS	<b>512 JOHNS PASS AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MADEIRA BCH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*      04/14/02      7278123008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)