

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90120 007 ***150.00

DOCUMENT # 649731



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

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**



CHECK HERE IF MAKING CHANGES

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

Zip Country

Zip Country

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 **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STANKIEWICZ, CY	
STREET ADDRESS	4399 35TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STANKIEWICZ, CY	
STREET ADDRESS	3804 46TH AVE S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PAYNE, JEFFREY T.	
STREET ADDRESS	7840 CAUSEWAY BLVD. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENS, ROBERT	
STREET ADDRESS	9180 60TH STREET N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOTTA, JOSEPH	
STREET ADDRESS	512 JOHNS PASS AVE	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE **STANKIEWICZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03 *727 812 3008*
Date Daytime Phone #

CR2E034 (10/02)