

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90236 006 ***150.00



DOCUMENT # F00000004912

1. Entity Name
DYNAMIC SOUTH, INC.

Principal Place of Business
**3324 VACATION LANE
ST. JAMES CITY FL 33956**

Mailing Address
**3324 VACATION LANE
ST. JAMES CITY FL 33956**



2. Principal Place of Business
5567 Doug Taylor Circle
Suite, Apt. #, etc.

3. Mailing Address
5567 Doug Taylor Circle
Suite, Apt. #, etc.

City & State
St. James City, FL

City & State
St. James City, FL

Zip Country
33956 Lee

Zip Country
33956 Lee

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1029678** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FEIDNER, JOSEPH A
3324 VACATION LANE
ST. JAMES CITY FL 33956**

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

SIGNATURE *Joseph A Feidner* DATE 2-18-03

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

TITLE	CDPT	<input type="checkbox"/> Delete
NAME	FEIDNER, JOSEPH A	
STREET ADDRESS	3324 VACATION LANE	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE	VCDS	<input type="checkbox"/> Delete
NAME	GRAY, MARK S	
STREET ADDRESS	7705 NATIONAL ROAD	
CITY-ST-ZIP	PATASKALA OH 43062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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 with an address, with all other like empowered.

SIGNATURE: *Joseph A Feidner* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE 2-18-03 DAYTIME PHONE # 239-283-3338

CR2E034 (10/02)