

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90262 019 ***150.00

DOCUMENT # P0000057892

1. Entity Name
DYNAMIC RESOURCES GROUP, INC.

Principal Place of Business Mailing Address
314 S MISSOURI AVE. SUITE 302 **314 S MISSOURI AVE. SUITE 302**
CLEARWATER FL 33756 **CLEARWATER FL 33756**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1110 S. Missouri Ave. **1110 S. Missouri Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 107 **Suite 107**

City & State City & State 4. FEI Number Applied For
Clearwater, FL **Clearwater FL** **59-3649511** 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

DANKO, GARY
314 S MISSOURI AVE, SUITE 302
CLEARWATER FL 33756

Name: **GARY DANKO**
 Street Address (P.O. Box Number is Not Acceptable): **1110 S. Missouri Ave**
Suite 107
 City: **Clearwater** FL Zip Code: **33756**

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: **GARY DANKO**
Signature of officer or trustee or name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: **4.12.01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PT DANKO, GARY 314 S MISSOURI AVE, SUITE 302 CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DANKO, GARY 1110 S. Missouri Ave, Ste 302 Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YAZBECK, JOE 314 S MISSOURI AVE, SUITE 302 CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **GARY W. DANKO** **4.12.01** **727-446-0053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)