

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90056 045 ***150.00

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DOCUMENT # P99000041082

1. Entity Name
DYNAMIC LIFE PRODUCTS, INC.

Principal Place of Business
 6950 BRYAN DAIRY ROAD
 LARGO FL 33777

Mailing Address
 6950 BRYAN DAIRY ROAD
 LARGO FL 33777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6925 112th Circle North

3. Mailing Address
6925 112th Circle North

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number **59-3577443**

Applied For
 Not Applicable

Zip Country
33773 USA

Zip Country
33773 USA

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

TANEJA, JUGAL K
 6950 BRYAN DAIRY ROAD
 LARGO FL 33777

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.

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, 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	DS	<input type="checkbox"/> Delete
NAME	TANEJA, JUGAL	
STREET ADDRESS	6950 BRYAN DAIRY RD.	
CITY-ST-ZIP	LARGO FL 33777	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Taneja, Jugal</i>	
STREET ADDRESS	<i>6950 Bryan Dairy Rd.</i>	
CITY-ST-ZIP	<i>Largo, FL 33777</i>	
TITLE	<i>S</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Shuman, Cani</i>	
STREET ADDRESS	<i>6925 112th Circle North, Suite 101</i>	
CITY-ST-ZIP	<i>Largo, FL 33773</i>	
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]* Director Date *4/23/01* Daytime Phone # *727/544-8866*

CR2E034 (10/00)