

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90312 037 ***150.00

DOCUMENT # P99000041082

1. Entity Name
DYNAMIC LIFE PRODUCTS, INC.

Principal Place of Business
6925 112TH CIRCLE NORTH
SUITE 101
LARGO FL 33773

Mailing Address
6925 112TH CIRCLE NORTH
SUITE 101
LARGO FL 33773



2. Principal Place of Business
12399 Belcher Road S.
 Suite, Apt. #, etc.
Suite 160
 City & State
Largo, FL

3. Mailing Address
12399 Belcher Road S.
 Suite, Apt. #, etc.
Suite 160
 City & State
Largo, FL

DO NOT WRITE IN THIS SPACE

Zip **33773-3052** Country **USA**

Zip **33773-3052** Country **USA**

4. FEI Number **59-3577443** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TANEJA, JUGAL K
6950 BRYAN DAIRY ROAD
LARGO FL 33777

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.

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

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

TITLE	D <input type="checkbox"/> Delete
NAME	TANEJA, JUGAL
STREET ADDRESS	6950 BRYAN DAIRY RD.
CITY-ST-ZIP	LARGO FL 33777
TITLE	S <input type="checkbox"/> Delete
NAME	SHUMAN, CANI
STREET ADDRESS	6925 112TH CIRCLE NORTH SUITE 101
CITY-ST-ZIP	LARGO FL 33773
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SHUMAN, CANI
CITY-ST-ZIP	12399 Belcher Road S., Suite 160 Largo, FL 33773
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: Canis Shuman, Secretary **Canis Shuman, Secretary** 4/29/02 727/324-6667
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DATE

CR2E034 (9/01)