

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90185 046 \*\*\*150.00

37618 AV

**DOCUMENT # P99000041082**



1. Entity Name  
**DYNAMIC LIFE PRODUCTS, INC.**

Principal Place of Business  
**12399 BELCHER ROAD S  
SUITE 160  
LARGO FL 33773-3052**

Mailing Address  
**12399 BELCHER ROAD S  
SUITE 160  
LARGO FL 33773-3052**

**11010303**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3577443</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>TANEJA, JUGAL K</b> <b>6950 BRYAN DAIRY ROAD</b> <b>LARGO FL 33777</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TANEJA, JUGAL</b>			NAME			
STREET ADDRESS	<b>6950 BRYAN DAIRY RD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL 33777</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHUMAN, CANI</b>			NAME			
STREET ADDRESS	<b>12399 BELCHER ROAD S, STE 160</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL 33773</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<b>P, D, CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>Taneja, Mandeep K.</b>		
STREET ADDRESS				STREET ADDRESS	<b>12399 Belcher rd South, Suite 160</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Largo, FL 33773</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Can Shuman* **SECRETARY** *04/21/03* *727/324-6667*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)