

DOCUMENT # P99000103850

1. Entity Name

DYNAMIC PERFORMANCE INTERNATIONAL INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-01-2000 90417 039 ***150.00

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| Principal Place of Business 9004 LAKE PLACE LANE TAMPA FL 33634 | Mailing Address 9004 LAKE PLACE LANE TAMPA FL 33634 |
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| 2. Principal Place of Business 640 Main St. Suite, Apt. #, etc. Safety Harbor, FL 34695 City & State | 3. Mailing Address SAME Suite, Apt. #, etc. City & State |
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DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3613141 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Name and Address of Current Registered Agent RILEY, STEVEN P RILEY & ASSOCIATES, P.A. 4805 W. LAUREL ST., SUITE 230 TAMPA FL 33607 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Traci Bild, President, VP, Sec, Treasurer 9004 Lake Pl Ln 7pa, fl 33634 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Traci Bild 4/21/00 727 669 6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)