

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90325 020 ***158.75

DOCUMENT # F02000002702

1. Entity Name
DYNAFLAIR CORPORATION



Principal Place of Business
9701 EAST AGLINE DRIVE
TAMPA FL 33605

Mailing Address
9701 EAST AGLINE DRIVE
TAMPA FL 33605

2. Principal Place of Business
8147 EAGLE PALM DR.

3. Mailing Address
8147 EAGLE PALM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
RIVERVIEW, FL

City & State
RIVERVIEW, FL

4. FEI Number **04-3621054**

Applied For
Not Applicable

Zip
33569

Country
USA

Zip
33569

Country
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

PASTERNAK, GERALD
9701 EAST AGLINE DRIVE
TAMPA FL 33605

Name

Street Address (P.O. Box Number is Not Acceptable)
8147 EAGLE PALM DR.

City **RIVERVIEW**

FL

Zip Code **33569**

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 *[Signature]*, **CEO**

3/6/03

Signature, typed or printed name of registered agent and title if applicable.

(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 **PD** ☐ Delete
NAME **PASTERNAK, GERALD**
STREET ADDRESS **3441 BAYOU COURT**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **PASTERNAK, MARILYN**
STREET ADDRESS **3441 BAYOU COURT**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **REEVES, SABINA**
STREET ADDRESS **1035 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03

813/248-8100

Date

Daytime Phone #

CR2E034 (10/02)