

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90018 008 ***150.00

DOCUMENT # H87077

1. Entity Name
DYNAMIC RESOURCE DEVELOPMENT, INC.

Principal Place of Business

**538 QUEENS MIRROR CIR
 CASSELBERRY FL 32707
 US**

Mailing Address

**538 QUEENS MIRROR CIR.
 CASSELBERRY FL 32707
 US**

2. Principal Place of Business

3. Mailing Address

538 QUEENS MIRROR CR
 Suite, Apt. #, etc.

538 QUEENS MIRROR CR
 Suite, Apt. #, etc.

City & State

City & State

CASSELBERRY, FLORIDA
 Zip **32707** Country **SEMINOLE**

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 Zip **32707** Country **SEMINOLE**

4. FEI Number **59-2635934**
59-2635934

Applied For
 Not Applicable

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

WADDELL, RODNEY E
538 QUEENS MIRROR CIRCLE
CASSELBERRY FL 32707

Name

SAME

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 **Same Agent Retained**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PTD** ☐ Delete
 NAME **WADDELL, RODNEY E**
 STREET ADDRESS **538 QUEENS MIRROR CIR**
 CITY-ST-ZIP **CASSELBERRY FL**

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

TITLE ☐ Delete
 NAME **THOMAS GREEN III**
 STREET ADDRESS **2133 KORANT LANE**
 CITY-ST-ZIP **MAITLAND, FL 32751**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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: **Roby E. McNeill**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01
 Date

(407) 695-1090
 Daytime Phone #

0042500

CR2E034 (10/00)