

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11065

1. Entity Name

DYNAMIC LAND DEVELOPMENT, INC.

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90004 009 \*\*\*150.00

001898

Principal Place of Business

% RAFIC ITANI  
10520 ATLANTIC BLVD.  
JACKSONVILLE FL 32225

Mailing Address

% RAFIC ITANI  
10520 ATLANTIC BLVD.  
JACKSONVILLE FL 32225

940492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

340 Lee Road

3. Mailing Address

340 Lee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2880548

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

32225

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ITANI, RAFIC  
10520 ATLANTIC BLVD.  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

N/A

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

(Signature, type, or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ITANI, RAFIC  
10520 ATLANTIC BLVD.  
JACKSONVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

(Signature and typed or printed name of signing officer or director)

Date

4/3/01

Daytime Phone #

(904)642-1311

CR2E034 (10/00)