

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002351

1. Entity Name  
OFFSHORE DYNAMICS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business  
3721 S. ATLANTIC AVENUE  
DAYTONA SHORES FL 32127

Mailing Address  
3721 S. ATLANTIC AVENUE  
DAYTONA SHORES FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4829 S. PENINSULA DRIVE  
Suite, Apt. #, etc.  
Ponce Inlet

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
SAME

City & State  
Ponce Inlet FL

City & State  
SAME

4. FEI Number  
59-356-9081

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip  
32127

Country  
USA

Zip  
SAME

Country  
SAME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIDES, JAMES K  
3721 S. ATLANTIC AVENUE  
DAYTONA SHORES FL 32127

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9/25/00  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIDES, JAMES K 3721 S. ATLANTIC AVENUE DAYTONA SHORES FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, WARREN 4829 PENINSULA DR. PONCE INLET FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/25/00

904-322-3713

CR2E083 (5/00)