

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002543

1. Entity Name
DYNAMIC SERVICES OF THE PALM BEACHES, LLC

Principal Place of Business
40 CEDAR CIRCLE
BOYNTON BEACH FL 33462

Mailing Address
40 CEDAR CIRCLE
BOYNTON BEACH FL 33462

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 4:09



2. Principal Place of Business
14545 J Military Tr.
Suite, Apt. #, etc.

3. Mailing Address
14545 J Military Tr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE **MJH**

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33445

Country
USA

Zip
33445

Country
USA

4. FEI Number
65-0909917

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CURTIS, JEANNE M
40 CEDAR CIRCLE
BOYNTON BEACH FL 33462

7. Name and Address of New Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable):
1700 S. Pine Island Rd.

City: Plantation FL Zip Code: 33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE: [Signature] DATE: 7/14/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

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

300003334973--6
-07/25/00--01052--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURTIS, JEANNE M 40 CEDAR CIRCLE BOYNTON BEACH FL 33462	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	14545 J Military Tr. Delray Bch, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **SIGNATURE REQUIRED**

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

Date: 7/12/00 Daytime Phone #

CP2E083 (5/00)