

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001760

1. Entity Name
DYNAMIC LICENSING, LLC

Principal Place of Business
3324 VACATION LANE
ST. JAMES CITY FL 33956

Mailing Address
3324 VACATION LANE
ST. JAMES CITY FL 33956

FILED

01 MAR 15 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1031309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEIDNER, JOSEPH A
3324 VACATION LANE
ST. JAMES CITY FL 33956

7. Name and Address of New Registered Agent

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)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS FEIDNER, JOSEPH A
CITY-ST-ZIP 3324 VACATION LANE
ST. JAMES CITY FL 33956 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS GRAY, MARK S
CITY-ST-ZIP 7705 NATIONAL ROAD
PATASKALA OH 43062 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003891158--4
-03/21/01--01105--005
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
32

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-12-01

Date

944-083-3538

Daytime Phone #

CR2E083 (11/00)