

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M01000002123**

1. Entity Name

DYNAMIC RESEARCH, LLC

FILED

02 FEB 25 AM 10:56

SECRETARY OF STATE
TALLAHASSEE 90201906

DO NOT WRITE IN THIS SPACE

Principal Place of Business 15865 79 TERRACE NORTH PALM BEACH GARDENS FL 33418		Mailing Address 15865 79 TERRACE NORTH PALM BEACH GARDENS FL 33418	
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		APPLIED FOR	
		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
PASULA, MARK J 15865 79 TERRACE NORTH PALM BEACH GARDENS FL 33418			
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 _____ (NOTE: Registered Agent signature required when rehiring)			
DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASULA, MARK J 15865 79 TERRACE NORTH PALM BEACH GARDENS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: <i>Mark J. Pasula</i>		6/07/2002 (561) 745-0050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2003 (9/01)