

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90015 020 \*\*\*150.00

**DOCUMENT # M77581**

1. Entity Name  
**DYNAMIC REALTY OF ST. LUCIE COUNTY, INC.**

Principal Place of Business

471 LAMON LANE  
 PORT SAINT LUCIE FL 34983  
 US

Mailing Address

471 LAMON LANE  
 PORT SAINT LUCIE FL 34983  
 US

2. Principal Place of Business

**382 N.E. SURREY ST**

Suite, Apt. #, etc.

City & State

**PT. ST. LUCIE, FL**

Zip

**34983**

Country

**USA**

3. Mailing Address

**382 N.E. SURREY ST**

Suite, Apt. #, etc.

City & State

**PT. ST. LUCIE, FL**

Zip

**34983**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0047701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JEROME W WAYNO, JR**  
**471 LAMON LANE**  
**PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

**382 N.E. SURREY ST.**

City **PT. ST. LUCIE**

**FL**

Zip Code

**34983**

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]*

**JEROME W. WAYNO, JR PRES.**

**4-29-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DP** ☐ Delete  
 NAME **WAYNO, JEROME W., JR.**  
 STREET ADDRESS **471 LAMON LANE**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **DS** ☐ Delete  
 NAME **WAYNO, SHARON.**  
 STREET ADDRESS **2291 SHELTER DR**  
 CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **382 NE SURREY ST.**  
 CITY-ST-ZIP

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

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

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]*

**JEROME W. WAYNO, JR**

Date

**4-29-01**

Daytime Phone #

**561-878-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)