

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000042380

1. Entity Name
DYNAMIS CONSTRUCTION, INC.

Principal Place of Business
3875 CROSLY AVE.
ST. CLOUD FL 32714

Mailing Address
3875 CROSLY AVE.
ST. CLOUD FL 32714

2. Principal Place of Business
3875 CROSLY AVE.

3. Mailing Address
3875 CROSLY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. CLOUD FL

City & State
ST. CLOUD FL

4. FEI Number
59-3640604

Applied For
Not Applicable

Zip Country
32714 US

Zip Country
32714 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLMAN FRANK H
3875 CROSLY AVE.
ST. CLOUD FL 32714

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 _____ DATE 04/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	Delete
NAME	BALLMAN FRANK H	☐
STREET ADDRESS	3875 CROSLY AVE.	
CITY-ST-ZIP	ST. CLOUD FL 32714	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
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: Frank H Ballman

D

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)