

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90243 002 ***158.75

DOCUMENT # P0000004332-1

1. Entity Name

DYNOWORLD, INC.



90123584

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 KNUTH ROAD

3. Mailing Address

200 KNUTH ROAD

Suite, Apt. #, etc.

Suite 112

Suite, Apt. #, etc.

SUITE 112

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

Zip

33436

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003388

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN H. NONNI

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

200 KNUTH ROAD, SUITE 112

City

BOYNTON BEACH

FL

Zip Code

33436

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Nonni

PRESIDENT

4-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
JOHN H. NONNI
200 KNUTH RD. STE. 112
BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Nonni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. NONNI

4-30-03 561-733-4799

Date

Daytime Phone #

CR2E034B (12/02)