2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000057892 DYNAMIC RESOURCES GROUP, INC. 05-14-2001 90262 019 ***150.00 Principal Place of Business Mailing Address 314 S MISSOURI AVE. SUITE 302 314 S MISSOURI AVE. SUITE 302 CLEARWATER FL 33756 CLEARWATER FL 33756 3. Mailing Address 1110 S. Missouri Ave. 2. Principal Place of Business 1110 S. Missouri Suite, Apt. #, etc. * Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE حدياء اه City & State City & State Applied For a learunt Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired CSA Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANKO, GARY Number is Not Acceptable 314 S MISSOURI AVE, SUITE 302 **CLEARWATER FL 33756** 8. The above named entistatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4.12.01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporati atisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Defete TITLE Change ☐ Addition BANKO, GARY DANKO, GARY NAME NAME 1110 S. Missori De Ste 300 STREET ADDRESS STREET ADDRESS 314 S MISSOURI AVE, SUITE 302 CITY-ST-ZIP CITY-ST-ZIP Clearwater, PC 33756 **CLEARWATER FL 33756** ٧S ☐ Delete TITLE Change ☐ Addition TITLE YAZBECK, JOE NAME NAME STREET ADDRESS 314 S MISSOURI AVE, SUITE 302 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 leport of 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 employered 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND PURED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12-01

727-446-0053

Daytime Phone #