

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000077674**1. Entity Name
DYNAMIC FINISHES, INC.

Principal Place of Business 3922 FIELDSTONE CT. #108 PALM HARBOR FL 34684	Mailing Address 3922 FIELDSTONE CT. #108 PALM HARBOR FL 34684
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1542 Suite, Apt. #, etc.
---	--

City & State City & State ST. PETERSBURG FL	4. FEI Number 59-3672239
Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PROVOST LORI A 3922 FIELDSTONE CT. #108 PALM HARBOR FL 34684	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name PROVOST LORI A</td><td>Applied For</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 3922 FIELDSTONE CT.</td><td>Not Applicable</td></tr><tr><td>108</td><td></td></tr><tr><td>City PALM HARBOR FL</td><td>Zip Code 34684</td></tr></table>	Name PROVOST LORI A	Applied For	Street Address (P.O. Box Number is Not Acceptable) 3922 FIELDSTONE CT.	Not Applicable	108		City PALM HARBOR FL	Zip Code 34684
Name PROVOST LORI A	Applied For								
Street Address (P.O. Box Number is Not Acceptable) 3922 FIELDSTONE CT.	Not Applicable								
108									
City PALM HARBOR FL	Zip Code 34684								

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 **04/22/2001**
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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROVOST LORI A 3922 FIELDSTONE CT. #108 PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lori Provost D 04/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)