

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90041 023 ***158.75

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DOCUMENT # P00000080062
 1. Entity Name
RESTORATIVE DYNAMIC SOLUTIONS, INC.

Principal Place of Business Mailing Address
2701 E. GRAND RESERVE CIR., #1515 **2701 E. GRAND RESERVE CIR., #1515**
CLEARWATER FL 33759 **CLEARWATER FL 33759**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
204 37TH AVE. N. **204 37TH AVE. N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
362 **# 362**

City & State City & State
ST. PETERSBURG, FL. **ST. PETERSBURG, FL.**
 Zip Country Zip Country
33704 **USA.** **33704** **USA.**

4. FEI Number Applied For
59-3662427 Not Applicable

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

6. Name and Address of Current Registered Agent
TACK, NATASHA
2701 E. GRAND RESERVE CIR., #1515
CLEARWATER FL 33759

7. Name and Address of New Registered Agent
 Name **TACK, NATASHA**
 Street Address (P.O. Box Number is Not Acceptable)
204 37TH AVE. N., # 362
 City **ST. PETERSBURG, FL** Zip Code **33704**

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 *Natasha S. Tack* DATE **3/27/02**
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, KRISTIAN 2701 E. GRAND RESERVE CIR., #1515 CLEARWATER FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TACK, NATASHA 2701 E. GRAND RESERVE CIR., #1515 CLEARWATER FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
204 37TH AVE. N., # 362 ST. PETERSBURG, FL. 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
204 37TH AVE. N., # 362 ST. PETERSBURG, FL. 33704	
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"/> Change <input type="checkbox"/> Addition
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: *Natasha S. Tack* DATE: **3/27/02** DAYTIME PHONE: **727 895 2563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)