

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90160 002 ***150.00

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DOCUMENT # P00000094359

1. Entity Name
DOTSON DYNAMICS, INC.



Principal Place of Business
**520 SE 5 AVE
APT 3508
FORT LAUDERDALE FL 33301**

Mailing Address
**520 SE 5 AVE
APT 3508
FORT LAUDERDALE FL 33301**

2. Principal Place of Business
3200 SW 23rd Ct.

3. Mailing Address
3200 SW 23rd Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number **65-1044934**

Applied For
Not Applicable

Zip Country
33312 US

Zip Country
33312 US

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOTSON, SEAN M
520 SE 5 AVE, APT 3508
FORT LAUDERDALE FL 33301**

Name **Sean Dotson**
Street Address (P.O. Box Number is Not Acceptable)
3200 SW 23rd Ct
City **Fort Lauderdale** **FL** Zip Code **33312**

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 **Sean Dotson, Sean Dotson**

4-15-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DOTSON, SEAN M**
STREET ADDRESS **2727 NE 14TH STREET APT 2**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **D** ☒ Change ☐ Addition
NAME **Dotson, Sean M**
STREET ADDRESS **3200 SW 23rd Ct**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sean Dotson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2003

Date

954-729-7430

Daytime Phone #

CR2E034 (10/02)