2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am

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| | MENT # P00000 | Secretary of State | | | | | | |
|--|--|---|--|--|---------------------------|---------------|----------|--|
| DYNAMIC | TRANSPORTATION, INC | | | | 5-10-2001 90132 027 | | ' | |
| | of Business ERSEAS HWY NN, FL 33050 | Mailing Address DYNAMIC TRANSPORTATION, INC. P.O.BOX 501439 MARATOHH, FL. 33050 | | A CONTROL OF THE STATE OF THE S | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | ······································ | DO NOT WRITE IN THIS SPACE | | | | |
| Suite, Apt. (| I, elc. | Suite, Apt. #, etc. | ······································ | | | | | |
| City & State | | City & State | | 4. FEI Number Applied For 65-0849198 Not Applied by Not Applied For | | | | |
| Zip Country 1 | | Zip | Country | 5. Certificate of Status Desired Service Servi | | | | |
| | 6. Name and Address of Current | Registered Agent | - | 7. Name ai | nd Address of New Registe | | ···· | |
| | A. Limina Bila Linguisca at Aditalii | | Name | 7. Name and Address of New Registered Agent | | | | |
| - | ST SEAVIEW CIRCLE | N. A. | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| DUCK, KI | EY, FL. 33050 | City | | FL Zip Code | | | | |
| Tax filing (| oration is eligible to satisfy its Intangible requirement and elects to do so. Claim on back) | Atter MAY 1, 200 | ! FEE IS \$150.00)1 Fee will be \$550.00 le to Department of Si | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | | |
| 11. | OFFICERS AND | DIRECTORS | 12. | ADDITION | IS/CHANGES TO OFFICERS | AND DIRECTORS | 3 IN 11 | |
| THILE TAME STHLET ADDRESS CHY-ST-ZIP | PD CISNEROS RAUL 231 WEST SEAVIEW C DUCK KEY. FL. 3305 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • " | Change | Addition | |
| HILLE JAMI SINLET ADDRESS CITY-ST-ZIP | STD CISNEROS ANA 231 WEST SEAVIEW C | IRCLE | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | Change | Addition | |
| HILE NAME STHEET ADDRESS LHY-ST-ZIP | DUCK, KEY, FL. 3305 | O Delute | TITLE NAME STHEET ADDHESS CITY-ST-ZIP | | - Harman | ☐ Change | Addition | |
| CITI-OI-EN | <u> </u> | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| HILE NAME STREET ADDRESS CHY-ST-789 | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| HAML | | C Delete | | | | Change | Addition | |

increasy certify that the information supplied with this fifting does not quality for the exemption stated in Section 1.19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

(305) 289 1115