

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90144 031 ***150.00

DOCUMENT # P01000003408

1. Entity Name
DYNAMIC REALTY OF FLORIDA, INC.



Principal Place of Business
**4045 TAMiami TRAIL
PORT CHARLOTTE FL 33950**

Mailing Address
**4045 TAMiami TRAIL
PORT CHARLOTTE FL 33950**

2. Principal Place of Business

3. Mailing Address
c/o Jack O. Hackett

Suite, Apt. #, etc.

Suite, Apt. #, etc.
99 Nesbit Street

City & State

City & State
Punta Gorda, FL 33950

Zip
33952

Country

Zip

Country

4. FEI Number **65-1078480**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOTITZKY, HAL F ESQ
223 TAYLOR STREET
PUNTA GORDA FL 33950**

Name
Jack O. Hackett II
Street Address (P.O. Box Number is Not Acceptable)
99 Nesbit Street

City **Punta Gorda** **FL** Zip Code **33950**

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

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 **VS** ☒ Delete
NAME **HARTEG, JUNE**
STREET ADDRESS **4045 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33950**

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

TITLE **PT** ☐ Delete
NAME **BENEDETTI, THERESA**
STREET ADDRESS **17138 GALLEON TERRACE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D/P/S/T** ☒ Change ☐ Addition
NAME **Benedetti, Theresa**
STREET ADDRESS **17138 Galleon Terrace**
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Theresa Benedetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa Benedetti
PRESIDENT

Date

Daytime Phone #

4/4/03 941-627-1070

CR2E034 (10/02)