

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90216 048 \*\*\*150.00

**DOCUMENT # P01000005554**

1. Entity Name  
**DOCUMENT DYNAMICS, INC.**



Principal Place of Business

**13251 MCGREGOR BLVD-  
FORT MYERS FL 33919  
3211 EHRlich Rd.  
Tampa, FL 33618**

Mailing Address

**13251 MCGREGOR BLVD  
FORT MYERS FL 33919  
3211 EHRlich Rd.  
Tampa, FL 33618**

2. Principal Place of Business

**3211 EHRlich Rd**

3. Mailing Address

**3211 EHRlich Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa, FL**

4. FEI Number

**65-1074971**

Applied For

Not Applicable

Zip

**33618**

Country

**HILLS**

Zip

**33618**

Country

**HILLS**

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

6. Name and Address of Current Registered Agent

**IPPOLITO, JOHN JR  
6660 DANIEL COURT  
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **Ippolito, John Jr**

Street Address (P.O. Box Number is Not Acceptable)

**3211 EHRlich Rd.**

City

**Tampa**

FL

Zip Code

**33618**

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

*John Ippolito Jr*  
Signature, typed or printed name of registered agent and title if applicable.

**John Ippolito Jr**  
(NOTE: Registered Agent signature required when reinstating)

**03/31/2003**  
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

TITLE **P** ☒ Delete  
NAME **IPPOLITO, JOHN JR**  
STREET ADDRESS **6660 DANIEL COURT**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **V** ☒ Delete  
NAME **IPPOLITO, LINDA L**  
STREET ADDRESS **6660 DANIEL COURT**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **P** ☐ Delete  
NAME **Ippolito, John Jr**  
STREET ADDRESS **3211 EHRlich Rd.**  
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **V** ☐ Delete  
NAME **Ippolito, Linda L.**  
STREET ADDRESS **3211 EHRlich Rd**  
CITY-ST-ZIP **Tampa, FL 33618**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:**

*John Ippolito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/31/2003**  
Date

**(813) 963-2333**  
Daytime Phone #

0503182 AV

CR2E034 (10/02)