


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 JUL 23 AM 8:30

<b>DOCUMENT #</b> P01000036190 <small>1. Entity Name</small> Dynamic Grip Inc.,	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2940 S.W. 22nd Ave.		<b>3. Mailing Address</b> 2940 S.W. 22nd Ave	
Suite, Apt. #, etc. Suite 706		Suite, Apt. #, etc. Suite 706	
City & State Delray Beach, Florida		City & State Delray Beach, Florida	
Zip 33445	Country U.S.A	Zip 33445	Country U.S.A
<b>4. FEI Number</b> 65-1090341		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE  
2/14/03 01060 003 \$150.00

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name <b>Gary Schuler</b>	
	Street Address (P.O. Box Number is Not Acceptable) 2940 S.W. 22nd Ave 706	
	City <b>Delray Beach</b>	Zip Code <b>FL 33445</b>

**8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Gary Schuler Gary Schuler 7/21/03  
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	TITLE	NAME
NAME	President Gary Schuler	NAME	
STREET ADDRESS	2940 S.W. 22nd Ave 706	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fla 33445	CITY-ST-ZIP	
NAME	Director Gary Schuler	NAME	
STREET ADDRESS	2940 S.W. 22nd Ave 706	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fla 33445	CITY-ST-ZIP	
NAME	Treasurer Gary Schuler	NAME	
STREET ADDRESS	2940 S.W. 22nd Ave 706	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fla 33445	CITY-ST-ZIP	
NAME	Secretary Gary Schuler	NAME	
STREET ADDRESS	2940 S.W. 22nd Ave 706	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fla 33445	CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.**

SIGNATURE: Gary Schuler Gary Schuler 7/21/03 561-278-6911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E0348 (12/02)

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## DYNAMIC GRIP INC.,

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2940 S.W. 22<sup>ND</sup> Ave  
Suite # 706  
Delray Beach, Fl 33445  
561-278-6911

February 11, 2003


Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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To Whom it May Concern,

In the beginning of 2002 I had sent a change of address so that any mail could be sent to my new company address and assumed since I had not heard anything that you had received my new address. I have recently found out that due to the non payment of my fee for last year that my company has been dissolved. I have not received any notification to my new address that was changed in the beginning of 2002.. I would like my late fee's waived, and my company reinstated. I am sending my fee for the year of 2002. Please contact me if I need to do anything further to reinstate my company.

Sincerely,

  
Gary Schuler  
President