2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 24, 2003 8:00 am
Secretary of State

01-23-2003 90138 004 ***150.00

DOCUMENT # P02000041682

1. Entity Name
DYNAMIC SALES & MARKETING, INC.

Principal Place of Business
7908 BENGAL LANE
NEW PORT RICHEY FL 34654

Mailing Address
7908 BENGAL LANE
NEW PORT RICHEY FL 34654

2. Principal Place of Business: 8988 FAIRCHILD CT
Suite, Apt. #, etc.
City & State: NEW PORT RICHEY FL
Zip: 34654 Country: US

3. Mailing Address: 8988 FAIRCHILD CT
Suite, Apt. #, etc.
City & State: NEW PORT RICHEY FL
Zip: 34654 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0665166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEID, JOHN
7908 BENGAL LANE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 8988 FAIRCHILD CT
City: NEW PORT RICHEY FL Zip Code: 34654

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] JOHN SCHNEID 1-20-03
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

TITLE	D	☐ Delete
NAME	SCHNEID, JOHN	
STREET ADDRESS	7908 BENGAL LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	☐ Delete
NAME	SCHNEID, NICOLE	
STREET ADDRESS	7908 BENGAL LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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	8988 FAIRCHILD CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	8988 FAIRCHILD CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] REQUIRED JOHN SCHNEID, Pres 1-20-03 (727) 849-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #