

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/12/2003-90102-028-\$150.00-\$150.00

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DOCUMENT # P02000050632

1. Entity Name  
DYNAMIC GOLF ENTERTAINMENT, INC.



FILED  
Sep 24, 2003 8:00 A.M.  
Secretary of State

Principal Place of Business  
1345 VIA VILLANOVA WAY  
WINTER SPRINGS FL 32708

Mailing Address  
1345 VIA VILLANOVA WAY  
WINTER SPRINGS FL 32708

2. Principal Place of Business  
123 Georgetown DR.  
Suite, Apt. #, etc.

3. Mailing Address  
123 Georgetown DR.  
Suite, Apt. #, etc.

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS REPORT IS TRUE AND ACCURATE.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Casselberry, FL.  
Zip  
32707  
Country  
USA

City & State  
Casselberry, FL.  
Zip  
32707  
Country  
USA

4. FEI Number  
020611039  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DENTON, BRADLEY K  
1345 VIA VILLANOVA WAY  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name  
Bradley K. Denton  
Street Address (P.O. Box Number is Not Acceptable)  
123 Georgetown DR.  
City  
Casselberry  
FL  
Zip Code  
32707

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  
Bradley K. Denton

(NOTE: Registered Agent signature required when reinstating)

9/10/03  
DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	P DENTON, BRADLEY K 1345 VIA VILLANOVA WAY WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Denton, Bradley K. 123 Georgetown Dr. Casselberry FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Bradley K. Denton

9-22-03

407-301-5658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)