

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90125 002 ***150.00

DOCUMENT # P02000051797

1. Entity Name
DYNAMIC DRYWALL, INC.



Principal Place of Business
4680 BREEZY PINES BLVD
SARASOTA FL 34232

Mailing Address
4680 BREEZY PINES BLVD
SARASOTA FL 34232



2. Principal Place of Business

3. Mailing Address

6584 Plantation Preserve
Suite, Apt. #, etc.
Circle N

6584 Plantation Preserve Circle N
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

4. FEI Number
04-3660675

Applied For
Not Applicable

Zip
33912

Country
Ft. Myers

Zip
33912

Country
Ft. Myers

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

KUTRYBALA, PIOTR
4680 BREEZY PINES BLVD
SARASOTA FL 34232

Name
Same

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

6584 Plantation Preserve Circle N
City Ft. Myers FL Zip Code 33912

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

4/10/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME KUTRYDALA, PIOTR	
STREET ADDRESS 4680 BREEZY PINES BLVD	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kutrybala Piotr	
STREET ADDRESS 6584 Plantation Preserve Circle N	
CITY-ST-ZIP Ft. Myers, FL 33912	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **4/10/03** **239-872-0114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)