

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90125 047 ***150.00

DOCUMENT # P02000074002

1. Entity Name
FINANCIAL DYNAMICS, INC.



Principal Place of Business
**1854 SEMINOLE RD.
ATLANTIC BEACH FL 32233**

Mailing Address
**1854 SEMINOLE RD.
ATLANTIC BEACH FL 32233**

2. Principal Place of Business
725 PLAZA
Suite, Apt. #, etc.

3. Mailing Address
1015 ATLANTIC BLVD
Suite, Apt. #, etc.
341

City & State
ATLANTIC BEACH, FL
Zip
32233
Country
DUVAL

City & State
ATLANTIC BEACH, FL
Zip
32233
Country
DUVAL

4. FEI Number
010729014

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONTAGNA, JULIUS
1854 SEMINOLE RD.
ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name
JULIUS J. MONTAGNA
Street Address (P.O. Box Number is Not Acceptable)
725 PLAZA
City
ATLANTIC BEACH, FL Zip Code
32233

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 _____ (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 <input checked="" type="checkbox"/> Delete
NAME	MONTAGNA, JULIUS
STREET ADDRESS	1854 SEMINOLE RD.
CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	JULIUS J. MONTAGNA
STREET ADDRESS	1015 ATLANTIC BLVD. #341
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 **804-6087240**
Date Daytime Phone #

CR2E034 (10/02)