## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P02000090285 **DOCUMENT #**

1. Entity Name

DYNAMIC SALES INTERNATIONAL, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90134 019 \*\*\*150.00

Principal Place of Business 140 SOUTH MAIN STREET BROOKSVILLE FL 34601		Mailing Address 140 SOUTH MAIN STRE BROOKSVILLE FL 34601		(
2. Principal	Place of Business	3. Mailing Address	T	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number   Applied For   Not Applied For   Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
,	6. Name and Address of Curren	It Registered Agent		Fee Required
-	The second states of the secon	The state of the s	Name	7. Name and Address of New Registered Agent
MOSHER, GEOFFREY K JR				
'140 SOUTH MAIN STREET BROOKSVILLE FL 34601			Street Addres	ess (P.O. Box Number is Not Acceptable)
bhooks	VILLE PE 34001		City	<b>□</b> Zip Code
8 The above	a parrod antity as built this at the	<del></del>		
the obliga	tions of registered agent.  Signature, typed or printed name of registered agen			istered agent, or both, in the State of Florida. I am familiar with, and accept
		t and title if applicable. (NOT	E: Registered Agent signature requ	quired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	
NAME .	DEAN, RONALD S JR		NAME	L_j Change
STREET ADDRESS	140 SOUTH MAIN STREET		STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOSHER, GEOFFREY K JR		NAME	C Shange C Addition
STREET ADDRESS	140 SOUTH MAIN STREET		STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street address			NAME	
CITY-ST-ZIP			STREET ADDRESS	
TITLE			CITY-ST-ZIP	
NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE			<del></del>	
IAME		Delete	TITLE	Change Addition
TREET ADDRESS			NAME STREET ADDRESS	
RTY-ST-ZIP			STREET ADDRESS	
ITLE 4		□ Delete	TITLE	
IAME		in perete	NAME	☐ Change ☐ Addition
TREET ADDRESS			STREET ADDRESS	1
ITY-ST-ZIP			CITY-ST-ZIP	
2. I hereby ce	ertify that the information supplied with	this filing done not qualify for		0. 1. 440 07/07/07

indicated on this report or 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 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

SIGNATURE:

SIGNATURE WITE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR