

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90270 017 \*\*\*158.75

0497013 AV

**DOCUMENT # P02000119228**

1. Entity Name

**DYNASTY TITLE, INC.**



Principal Place of Business

**11703 92ND WAY  
LARGO FL 33773**

Mailing Address

**11703 92ND WAY  
LARGO FL 33773**

2. Principal Place of Business

**10755 Park Blvd., #101A**

3. Mailing Address

**10755 Park Blvd., #101-A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Seminole, FL**

City & State

**Seminole, FL**

Zip

**33772**

Country

**USA**

Zip

**33772**

Country

**USA**

4. FEI Number

**16-1637876**

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

**KIDD, LYNN  
11703 92ND WAY  
LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

**Lynn Kidd**

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

**10755 Park Blvd.,**

**Suite 101-A**

City

**Seminole**

**FL**

Zip Code

**33772**

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

*Lynn Kidd, Pres.*

**Lynn Kidd, President**

**4-21-03**

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 **DP** ☐ Delete  
NAME **KIDD, LYNN**  
STREET ADDRESS **11703 92ND WAY**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 **Kidd, Lynn**  
STREET ADDRESS **10755 Park Blvd., #101-A**  
CITY-ST-ZIP **Seminole, FL 33772**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Lynn Kidd, Pres.* **Lynn Kidd, Pres.** **4-21-03**

Date

Daytime Phone #

**727-391-8886**

CR2E034 (10/02)