

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90224 044 \*\*\*150.00

**DOCUMENT # P94000090019**

1. Entity Name  
**DYNAMIC PRINTING OF BRANDON, INC.**



Principal Place of Business  
**210 S. KINGS AVE.**  
**STE. G**  
**BRANDON FL 33511**  
**US**

Mailing Address  
**210 S. KINGS AVE.**  
**STE. G**  
**BRANDON FL 33511**  
**US**

2. Principal Place of Business

**2705 Falkenburg Rd. N**

Suite, Apt. #, etc.

3. Mailing Address

**2705 Falkenburg Rd N**

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

**33619**

Country

**USA**

Zip

**33619**

Country

**USA**

6. Name and Address of Current Registered Agent

**WARING, DAVID B**  
**210 S. KINGS AVE.**  
**STE. G**  
**BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

**Waring, David B**

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

**2705 Falkenburg Rd North**

City

**Tampa**

FL

Zip Code

**33619**

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

**David B. Waring**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-17-03**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WARING, DAVID B</b>	
STREET ADDRESS	<b>1022 MEADOW LANE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WARING, CYNTHIA E</b>	
STREET ADDRESS	<b>1022 MEADOW LANE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, CHARLES H</b>	
STREET ADDRESS	<b>1801 MEDFORD LANE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6014 Tealside Ct</b>
CITY-ST-ZIP	<b>Lithia, FL 33594</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6014 Tealside Ct</b>
CITY-ST-ZIP	<b>Lithia, FL 33594</b>
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:

**David B. Waring**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-03**

Date

**(813) 685-3588**

Daytime Phone #

CR2E034 (10/02)