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## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 29, 2001 8:00 am DOCUMENT # P95000057360 **Secretary of State** DYNAMIC SYSTEMS GROUP, INC. 03-29-2001 90401 047 \*\*\*150.00 Principal Place of Business Mailing Address 5471 W WINTERS 5471 W WINTERS **SUITE 1010** SUITE 1010 ..-D0029304 TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address 5471 w waters Ave 5411 WEST WATERS AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 1010 Suite 1010 City & State City & State Applied For 4. FEI Number 65-0601977 TAMPA FL Tampa Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. COHEN, STEVEN R P.A. Street Address (P.O. Box Number is Not Acceptable) 9000 W. SHERIDAN STREET, SUITE 166 PEMBROKE PINES FL 33024 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State DITIONS TO ANGES TO DEFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Dynamic Systems Group, Inc. 3R2E034 (10/00) TITLE ☐ Delete TITLE Aange 🔲 Addition OKay A DataTreasury Company PARKS, CHARLES T NAME NAME 5471 W. Waters Avenue, Suite 1010 8902 N DALE MABRY HWY, #103 STREET ADDRESS STREET ADDRESS TAMPA FL 33614 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33634 TITLE Delete TITLE Tel: (813)383-8300 Fax: (813)383-8308 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete \_\_\_\_Addition\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.