

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021880

1. Entity Name

DYNAMICS UNLIMITED, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90087 015 ***158.75

Principal Place of Business

Mailing Address

20751 NW 8TH ST.
PEMBROKE PINES FL 33029

20751 NW 8TH ST.
PEMBROKE PINES FL 33029-3475

2. Principal Place of Business

18500 NW 18 STREET

3. Mailing Address

18500 NW 18 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0651236

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADLEY, SUSAN S
20751 NW 8TH ST.
PEMBROKE PINES FL 33029

(DECEASED)

Name

ROBERT J. WALLER

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

18500 NW 18 STREET

City

PEMBROKE PINES,

FL

Zip Code

33029

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

[Signature] / ROBERT J. WALLER / CHIEF EXECUTIVE OFFICER / CHAIRMAN

04/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

□

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME BRADLEY, SUSAN S
STREET ADDRESS 20751 NW 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME BRADLEY, TED E
STREET ADDRESS 20751 NW 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME WALLER, KATHY
STREET ADDRESS 18500 NW 18TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

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 C/CEO/D ☐ Change ☒ Addition
NAME ROBERT J. WALLER
STREET ADDRESS 18500 NW 18 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE V/D/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition
NAME STEVE MESA
STREET ADDRESS 18115 SW 29 STREET
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE V/D ☐ Change ☒ Addition
NAME GARY LEFEBVRE
STREET ADDRESS 461 OLD NORTH ROAD
CITY-ST-ZIP WORTHINGTON, MA 01098

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

[Signature] ROBERT J. WALLER

Date

Daytime Phone #

04-24-00 954-433-9739

CR2E034 (9/99)