## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 06, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000044112 DOCUMENT # 1. Entity Name 03-06-2003 90127 016 \*\*\*150.00 DYNAMIC POOL AND SPA, INC. Principal Place of Business Mailing Address 1502 SPARROW STREET 1502 SPARROW STREET LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address 66 Kingsley LN Suite, Apt. #, etc. P.O. BOX 520239 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For DAGWOOD Ormand Beach FL 59-3382609 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRESCOTT, JAMES EDWARD Street Address (P.O. Box Number is Not Acceptable) 1502 SPARROW STREET Kingsley by LONGWOOD FL 32750 ORMOND 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. MARCH 2003 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition PRESCOTT, JAMES EDWARD NAME NAME Ormond Beach FL 32174 102 SPARROW ST STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete PRESCOTT, HAROLD LEWIS NAME NAME STREET ADDRESS 109 S SILVER CLUSTER CT STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP TITLE. TITLE Change \_\_\_ Addition PRESCOTT, SHARON KAY NAME NAME STREET ADDRESS 109 S SILVER CLUSTER CT STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP