

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093205

1. Entity Name

DYNAMIC WORLD SERVICES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90042 028 ***155.00

Principal Place of Business

Mailing Address

2226 BALLARD AVENUE
 ORLANDO FL 32833

P.O. BOX 678713
 ORLANDO FL 32867-8713
 US

2. Principal Place of Business

5151 SAILWIND CIRCLE

3. Mailing Address

P.O. Box 608662

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

Country

32810

USA

Zip

Country

32860-8662

USA

4. FEI Number

59-3410361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARVALHO, ANA C
 2226 BALLARD AVENUE
 ORLANDO FL 32833

Name

ANA C. CARVALHO

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

5151 SAILWIND CIRCLE

City

ORLANDO

FL

Zip Code

32810

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, 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) ☐

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 PTD ☐ Delete
 NAME CARVALHO, JOHN P
 STREET ADDRESS 2226 BALLARD AVENUE
 CITY-ST-ZIP ORLANDO FL 32833

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

TITLE VPSD ☐ Delete
 NAME CARVALHO, ANA C
 STREET ADDRESS 2226 BALLARD AVENUE
 CITY-ST-ZIP ORLANDO FL 32833

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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) JOHN P. CARVALHO

4-25-00

(407) 859-3257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)