

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90001 031 \*\*\*150.00

**DOCUMENT # P97000031618**

1. Entity Name

**DYNAMIC CONSTRUCTION, INC.**

Principal Place of Business

**215 MCDONALD ST.  
 LAKELAND FL 33803**

Mailing Address

**PO BOX 7090  
 LAKELAND FL 33807-7090**

2. Principal Place of Business

3. Mailing Address

**PO Box 2297**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKELAND FL**

Zip

Country

**33806-2297**

Country

**USA**

4. FEI Number

**59-3437412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BIRKNER, JOSEPH M  
 4117 EL CAMINO REAL, W.  
 LAKELAND FL 33813-1036**

7. Name and Address of New Registered Agent

Name **BIRKNER, JOSEPH M.**

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

**335 LOUIS EDWARD CT**

City **LAKELAND**

**1**

**FL**

Zip Code **33809-6124**

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]*

**JOSEPH M. BIRKNER DP**

**26 JAN 02**

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>BIRKNER, JOSEPH M</b>	
STREET ADDRESS	<b>215 MCDONALD ST</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vincent B. Birkner</b>	
STREET ADDRESS	<b>5059 Williamstown Blvd</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33810</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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Joseph M. Birkner DP**

**26 JAN 02**

**863-670-5412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)