

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90044 013 \*\*\*150.00

**DOCUMENT # P97000040285**

1. Entity Name

**DNAMIC INC.**

Principal Place of Business

Mailing Address

138 W NEW YORK AVE  
 SUITE 3  
 DELAND FL 32720  
 US

P O BOX 2833  
 DELAND FL 32721-2833  
 US

00004400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1665 LEXINGTON AVE**

3. Mailing Address

Suite, Apt. #, etc.  
**101**

Suite, Apt. #, etc.

City & State

**DELAND, FL**

City & State

4. FEI Number

**59-3445762**

Applied For

Not Applicable

Zip

**32724**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ENGLISH, DAWN M**  
**1501 A LEXINGTON AVENUE**  
**SUITE 3**  
**DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

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

**1665 LEXINGTON AVE**

**# 101**

City **DELAND**

**FL**

Zip Code  
**32724**

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

**4/30/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>ENGLISH, DAWN M</b> <b>P O BOX 484</b> <b>DELAND FL 32721</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <b>THOMPSON, DANIEL W</b> <b>P O BOX 484</b> <b>DELAND FL 32721</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/00** **904-943-9430**