2002 Uniform Business Report (UBR) P97000040553 DOCUMENT # 1. Entity Name 04-11-2002 90040 002 ***150 00 DYNAN GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 2743 19 SW SECOND AVE GAINESVILLE FL 32602 GAINESVILLE FL 32601 US 3. Mailing Address 2. Principal Place of Business 5.w. Second Street 95.w. Second Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-3444235 FLorida JaINUES UI \$8.75 Additional 5. Certificate of Status Desired 32601 3 USA 260 USA 7.-Name and Address of New Registered Agent ____ 6. Name and Address of Current Registered Agent -Muldowner MULDOWNEY, LORNA K Street Address (P.O. Box Number is Not Acceptable) 201 S.E. SECOND AVENUE **GAINESVILLE FL 32601**

	City Gaine	suille FL	3260/
8. The above named entity submits this statement for the	purpose of changing its registered office or registered ag	ent, or both, in the State of Florida.	
	Idowney , <u>Vice President</u> the it applicable were (NOTE: Registered Agent signature required when re		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May B

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11.

Applied For

Not Applicable

Change ☐ Addition Delete TITLE TITLE MULDOWNEY, GERALD A NAME 201 S.E. SECOND AVENUE STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32601** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MULDOWNEY, LORNA K NAME STREET ADDRESS 201 S.E. SECOND AVENUE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP : Change - : Addition= - 1111 6 = Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change · 🔲 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: