

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90120 040 ***550.00

DOCUMENT # P97000040733

1. Entity Name
DYNACS PROPERTIES, INC.

Principal Place of Business

35111 U.S. 19 NORTH
SUITE 300
PALM HARBOR FL 34684

Mailing Address

35111 U.S. 19 NORTH
SUITE 300
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3456685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENTZ, H. J.
35111 U.S. HWY 19 NORTH
SUITE 202
PALM HARBOR FL 34684

Name

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

SUITE 302

City

FL

Zip Code

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.

SIGNATURE **H. JAMES LENTZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

8/21/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PVST** ☒ Delete
NAME **SINGH, RAMEN**
STREET ADDRESS **35111 U.S. 19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **PST** ☒ Change ☐ Addition
NAME **H. JAMES LENTZ**
STREET ADDRESS **35111 U.S. 19 N. # 302**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☒ Delete
NAME **SINGH, RAMEN**
STREET ADDRESS **35111 U.S. 19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

Date

(727) 787-8700

Daytime Phone #

CR2E034 (4/02)