2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000054993** Apr 19, 2000 8:00 am Secretary of State DYNASTY INVESTMENT, INC. 04-19-2000 90031 020 ***150.00 Principal Place of Business Mailing Address 3428 17TH ST 3428 17TH ST. SARASOTA FL 34235-8906 SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FFI Number Applied For City & State 65-0766122 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIU, DAWN Street Address (P.O. Box Number is Not Acceptable) 3428 17TH ST. SARASOTA FL 34235 Zip Code FŁ 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete CLODE, ARTHUR NAME NAME 3428 17TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE CHIU, DAWN NAME NAME 3428 17TH ST. STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS 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 shapowered 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 appropriate the compowered.

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STREET ADDRESS

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TITLE NAME

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-7IP

NAME

TITLE NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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☐ Delete

ANN CHILL 4/10/00

941-366-4888

Change

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Daytime Phone #