## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 01, 2001 8:00 am DOCUMENT # P9700061683 **Secretary of State** 1. Entity Name DYNAMIC INTERIOR DESIGNS, INC. 02-01-2001 90123 018 \*\*\*150.00 Principal Place of Business Mailing Address 5601 BARNSTEAD CIR 5601 BARNSTEAD CIR LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0784582 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AJESKA MOOTE MOORE, ALESHA Street Address (P.O. Box Number is Not Acceptable) 3733 BOANZA CIRCLE 5601 BARNSTEAD CIR LAKE WORTH FL 33463 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. 1/14/00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PCB Change Addition TITLE ☐ Delete TITLE ROBERTS, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 5601 BARNSTEAD CIR CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33462 ☐ Addition TITLE ☐ Change TITLE ☐ Delete ROBERTS, EVERETT NAME NAME STREET ADDRESS STREET ADDRESS 5601 BARNSTEAD CIR CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 TITLE Delete TITLE MOORE, ALESKA 3737 BOANZA CITCLE BOYNTON BEACK, FL 3 MOORE, ALESHA NAME NAME STREET ADDRESS STREET ADDRESS 5601 BARNSTEAD CIR CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33463 ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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