

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90117 021 ***150.00

DOCUMENT # P98000021071

1. Entity Name

DYNAMIC COMPONENTS INTERNATIONAL, INC.

Principal Place of Business

**5603 COMMERCE DR.
 ORLANDO FL 32839**

MOVED
↓

Mailing Address

**5603 COMMERCE DR.
 ORLANDO FL 32839**

↓

2. Principal Place of Business

1716 PREMIER ROW

3. Mailing Address

1716 PREMIER ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

4. FEI Number

59-3495539

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

32809

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALZNER, FRED
 6504 ST. PARTIN PL.
 ORLANDO FL 32812**

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 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	DP	<input type="checkbox"/> Delete
NAME	ALZNER, FRED C	
STREET ADDRESS	6504 ST. PARTIN PLACE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KELLY, EAVAN J	
STREET ADDRESS	3684 GATLIN PLACE CIR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENGLER, KEITH A	
STREET ADDRESS	4530 LONGWORTH DR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EAVAN KELLY

4/5/01

Date

407-855-7703

Daytime Phone #

CR2E034 (10/00)