

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90934 001 ***150.00

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DOCUMENT # P98000021071

1. Entity Name
DYNAMIC COMPONENTS INTERNATIONAL, INC.



Principal Place of Business
1716 PREMIER ROW 410 BIF COURT
ORLANDO FL 32809

Mailing Address
1716 PREMIER ROW 410 BIF COURT
ORLANDO FL 32809

2. Principal Place of Business
410 BIF COURT

3. Mailing Address
410 BIF COURT

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32809 Country
USA

Zip
32809 Country
USA

4. FEI Number **59-3495539**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALZNER, FRED
3684 GATLIN PLACE CIRCLE
ORLANDO FL 32812

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	ALZNER, FRED C	
STREET ADDRESS	3684 GATLIN PLACE DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DVP	☐ Delete
NAME	KELLY, EAVAN J	
STREET ADDRESS	3684 GATLIN PLACE CIR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	☐ Delete
NAME	LENGLER, KEITH A	
STREET ADDRESS	2871 S CONWAY RD #232	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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

1-24-03
Date

407-855-7703
Daytime Phone #

CR2E034 (10/02)