

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 036 ***158.75

DOCUMENT # 198000057181

1. Entity Name
Dynamic Marketing, Inc. ✓

Principal Place of Business
5601 Orange Rd. N.
Seminole, FL 33772

Mailing Address
5601 Orange Rd. N.
Seminole, FL 33772

00056014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3530320 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
Rex C Davis
5601 Orange Rd. N.
Seminole, FL 33772

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) **DATE** _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE MONTH: MAY 1, 2001** **Fee is \$135.00** **After MAY 1, 2001 Fee will be \$258.00** **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 <u>President</u>	☐ Delete	TITLE	☐ Change ☐ Addition
NAME <u>Rex C Davis</u>		NAME	
STREET ADDRESS <u>5601 Orange Rd. N.</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Seminole, FL 33772</u>		CITY-ST-ZIP	
TITLE <u>Vice President</u>	☐ Delete	TITLE	☐ Change ☐ Addition
NAME <u>Rolores G Davis</u>		NAME	
STREET ADDRESS <u>5601 Orange Rd. N.</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Seminole, FL 33772</u>		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Rex C Davis **5-6-01** **727-319-2319**

CR20034 (11/00)