

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90065 040 ***150.00

DOCUMENT # P98000060883

1. Entity Name
DYNATRADE, INC.

Principal Place of Business
425 10TH AVENUE WEST #3
PALMETTO FL 34221

Mailing Address
POST OFFICE BOX 520
PALMETTO FL 34220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
PO Box 570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palmetto FL

4. FEI Number **65-0895422**

Applied For
 Not Applicable

Zip Country

Zip *34220* 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

LIMBERG, STACEY H
4403 7TH STREET EAST
SUITE #8
ELLENTON FL 34222

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 _____ 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 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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D WEBERG, KENNETH 425 10TH AVENUE WEST #3 PALMETTO FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 807, 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: *Stacey H. Limberg* **Stacey H. Limberg** *4/25/01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)