

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90011 029 ***158.75

DOCUMENT # P98600082757**1. Entity Name**

DynaLytics, Inc.

Principal Place of Business**Mailing Address**771 N. Pine Island Dr. #106
plantation, FL 33324**2. Principal Place of Business****3. Mailing Address**

1110 W. Oakland Park Blvd

Suite, Apt. #, etc.

226

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Zip

33351

Country

Broward

Zip

Country

4. FEI Number

65-0865990

Applied For

Not Applicable

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**

Name

Michael Turner

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

1110 W. Oakland Park Blvd.

226

City

Sunrise

FL

Zip Code

33351

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, 2000 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 PD
NAME Michael Turner ☒ Delete
STREET ADDRESS 771 N. Pine Island Rd, #106
CITY-ST-ZIP plantation, FL 33324TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD
NAME Michael Turner ☒ Change ☐ Addition
STREET ADDRESS 1110 W. Oakland Park Blvd. #226
CITY-ST-ZIP Sunrise, FL 33351TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

954.736.5466

CR2E034 (9/99)