2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013319

1. Entity Name

DYNAMIC OF KISSIMMEE, INC.

Aug 10, 2000 8:00 am Secretary of State

08-10-2000 90012 034 ***150.00



Principal Place of Business Mailing Address idii MYRNA LANE 1411 MYRNA LANE KISSIMMEE FL 34744-2765 [[:::::FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

										
City & State		City & State		4. F	El Number 3 56 083	8	<u> </u>	pplied For ot Applicable		
Zip	Country	Zip	Country	5. C	Pertificate of Status Desired		\$8.75 Ad Fee Require	ditional		
	6. Name and Address of Current R	egistered Agent	'	7. N	ame and Address of New F	legistered	Agent			
			Name		-					
MAYEN, KENNETH J 1411 MYRNA LANE KISSIMMEE FL 34744			Street Address	Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Coc	le		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered age	ent, or both, in the State of Fig	orida.				
SIGNATURE .										
0.0.0.0.0.0	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signature requi	ired when rei	nstating)	DATE				
Tax filing requirement and elects to do so. After MAY 1, 2000		!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S	tate	10. Election Campaign Fir Trust Fund Contribution	n. E	Adde	00 May Be d to Fees			
11.	OFFICERS AND D	IRECTORS	12.	ADI	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mayen, Kenneth J 1411 Myrna Lane Kissimmee Fl 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYEN, JENNIFER J 1411 MYRNA LANE KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	_,, Change_	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
13. I hereby of indicated	pertify that the information supplied with to on this report or supplemental report is to	his filing does not qualify for rue and accurate and that r	or the exemption stated in my signature shall have the	Section 1	19.07(3)(i), Florida Statutes. egal effect as if made under	I further ce oath; that I	rtify that the i	nformation r 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:

Jennifer J. Mayen

Aftachnent Off paywo 8 8480 Du 27887

C.L. CHAMBERS INC. 39145 Pretty Pond Road Zephyrhills FL 33540-1532 Phone: 813-783-1893

Fax: 813-783-1606

August 3, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box-1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please change the address for C.L. Chambers, Inc. For some reason there has been a problem getting this report into the proper hands within the allotted time period so it will be paid on time.

This is an over site on someone's part but we hope to resolve the situation by having the report sent to the new address. I have enclosed a check for \$150. Thank you for your consideration regarding this matter.

Sincerely

Rod Lincoln

Owner C.L. Chambers Inc.