

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017881

1. Entity Name

DUNAMIS MARKETING, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90005 039 ***158.75

Principal Place of Business

Mailing Address

941 POCAHONTAS DR. #97
FT. WALTON BEACH FL 32547

941 POCAHONTAS DR. #97
FT. WALTON BEACH FL 32547-3270

2. Principal Place of Business

3. Mailing Address

P.O. Box 1056
Suite, Apt. #, etc.

P.O. Box 1056
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Ft. Walton Bch, FL

Ft. Walton Bch

4. FEI Number

59-3559232

Applied For

Not Applicable

Zip
32549

Country
Okaloosa

Zip
32549

Country
Okaloosa

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

WEST, NANCY
941 POCAHONTAS DR. #97
FT. WALTON BEACH FL 32547

Name

Nancy West

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

117 Vingo St

City

Santa Rosa Bch

FL

Zip Code

32459

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

Nancy West

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Dir.
Nancy West
117 Vingo St.
Santa Rosa Bch, FL 32459

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Nancy West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

(850) 267-0546

Daytime Phone #

CR2E034 (9/99)