

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90312 037 ***150.00

DOCUMENT # P99000041082

1. Entity Name
DYNAMIC LIFE PRODUCTS, INC.

Principal Place of Business
 6925 112TH CIRCLE NORTH
 SUITE 101
 LARGO FL 33773

Mailing Address
 6925 112TH CIRCLE NORTH
 SUITE 101
 LARGO FL 33773

2. Principal Place of Business
 12399 Belcher Road S.
 Suite, Apt. #, etc.
 Suite 160

3. Mailing Address
 12399 Belcher Road S.
 Suite, Apt. #, etc.
 Suite 160

City & State
 Largo, FL

City & State
 Largo, FL

Zip 33773-3052 **Country** USA

Zip 33773-3052 **Country** USA

4. FEI Number 59-3577443

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TANEJA, JUGAL K
 6950 BRYAN DAIRY ROAD
 LARGO FL 33777

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 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	TANEJA, JUGAL
STREET ADDRESS	6950 BRYAN DAIRY RD.
CITY-ST-ZIP	LARGO FL 33777
TITLE	S <input type="checkbox"/> Delete
NAME	SHUMAN, CANI
STREET ADDRESS	6925 112TH CIRCLE NORTH SUITE 101
CITY-ST-ZIP	LARGO FL 33773
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SHUMAN, CANI
STREET ADDRESS	12399 Belcher Road S., Suite 160
CITY-ST-ZIP	Largo, FL 33773
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Shuman, Secretary **Can Shuman, Secretary** **4/29/02** **727/3246667**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)