2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045020

1. Entity Name

House of Dynesties INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 25 PM 12:40

Principal Place of Business	Mailing Address
4211 B N. SHORE DR. WPB FL. 33407	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4211 B N. SHORE DR.	4211 B NORTH SHORE DR.
Suite Apt #, etc.	Suite, Apt. #, etc
City & State: WPB FL.	City & State: WPB FL.
Zip: 33407 Country: U.S.A.	Zip: 33407 Country: USA.

4. FEI Number: X ☑ 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
VENOL C. Adams 5546 W. Oakland Park Blvd. Suite #220 FL. LAUDERDALE FL. 33313	Name: OTIS B MILTON Street Address (P.O. Box Number is Not Acceptable): 219 PORTER PL. City: WPB **FL** Zip Code: 33409

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: OMilton 5.19.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President CHRISTINE HOWARD N/A	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT OTIS B MILTON 219 PORTER PLACE WPB FL. 33409 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MARCIA ROBERTS 827 BRIGGS ST WPB FL. 33405	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY. OTIS B MILTON 219 PORTER PLACE WPB FL. 33409 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003312438--1 -07/05/00--01010--021 ***1100.00 ****550.00
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 6/6
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: OMilton 5.19.00 501-842-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #