

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90358 004 ***150.00

DOCUMENT # P99000095843

1. Entity Name,

DYNAMIC CONCEPTS OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4314 Boat Club Drive

Suite, Apt. #, etc.

3. Mailing Address

SLOTT & BARKER

Suite, Apt. #, etc.

334 E. Duval Street

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3608596

Applied For

Not Applicable

Zip
32277

Country
USA

Zip
32202

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Earl M. Barker, Jr.

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

Slott & Barker

334 E. Duval Street

City

Jacksonville

FL

Zip Code
32202

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 to May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
D,P,T.
NAME
RELEFORD, ROBERT L. Jr.
STREET ADDRESS
4314 Boat Club Drive
CITY- ST- ZIP
Jacksonville, FL 32277

TITLE
S
NAME
HARPER, KENNETH W.
STREET ADDRESS
2690 Still Farm Ct.
CITY- ST- ZIP
Lawrenceville, GA 30043

TITLE
DELETE
NAME
GRADY, KENNETH
STREET ADDRESS
1992 Yellow Jacket Drive
CITY- ST- ZIP
Callahan, FL 32011

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STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. RELEFORD, JR.

4/29/02

Date

(904) 534-1114

Daytime Phone #

CR2E034B (12/01)