

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097267

1. Entity Name

DYNAMIC PATHWAYS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90044 038 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 8117  
CORAL SPRINGS FL 33075

P O BOX 8117  
CORAL SPRINGS FL 33075-8117

2. Principal Place of Business

PO Box 8117

3. Mailing Address

PO Box 8117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Coral Springs

4. FEI Number

65-0962574

Applied For

Not Applicable

Zip

FL

Country

33075

Zip

FL

Country

33075-8117

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOMZALSKI, ROBERT A  
10030 NW 37TH ST  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Domzalski Robert A.

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

10030 NW 37TH ST.

City

Coral Springs

FL

Zip Code

33065

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, 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GENERAL MANAGER  
ROBERT A. DOMZALSKI  
10030 NW 37TH ST  
CORAL SPRINGS, FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT/CEO  
NANCY M. VALENZA-DOMZALSKI  
10030 NW 37TH ST  
CORAL SPRINGS, FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert A. Domzalski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-345-6265

CR2E034 (9/99)