

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90185 018 ***150.00

DOCUMENT # P99000103850

1. Entity Name

DYNAMIC PERFORMANCE INTERNATIONAL INC.

Principal Place of Business

640 MAIN STREET
SAFETY HARBOR FL 34695

Mailing Address

9004 LAKE PLACE LANE
TAMPA FL 33634

00035383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

737 Main St #109

3. Mailing Address

Suite, Apt., etc.

Safety Harbor

City & State

City & State

4. FEI Number **59-3613141**

Applied For

Not Applicable

Zip **34695**

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RILEY, STEVEN P
RILEY & ASSOCIATES, P.A.
4805 W. LAUREL ST., SUITE 230
TAMPA FL 33607**

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, 2001 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 **PVPS** ☐ Delete
NAME **BILD, TRACI**
STREET ADDRESS **7004 LAKE PLACE LANE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **9004 LAKE PL LN**
CITY-ST-ZIP **Tampa, FL 33634**

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

TITLE ☐ Change ☐ Addition
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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:

Tracy Bild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 727 669 6830

CR2E034 (10/00)