2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90160 019 ***150.00

DOCUMENT # 380461

1. Entity Name

SYNTHESIS CORPORATION

Principal Place of Business	Mailing Address
2059 BEACH WOOD VILLAS AMELIA ISLANDS PLANTATION FERNANDINA FL 32034-6102	2059 BEACH WOOD VILLAS AMELIA ISLANDS PLANTATION FERNANDINA FL 32034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2059 BEACH WOOD ROAD	Suite, Apt. #, etc.: 2059 BEACH WOOD ROAD
City & State: FERNANDINA BEACH, FL	City & State: FERNANDINA BEACH, FL
Zip: 32034 Country: NASSAU	Zip: 32034 Country: NASSAU

4. FEI Number: 59-1348929 ☐ 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
RHODES, ROBERT M. 2059 BEACH WOOD VILLAS FERNANDINA FL 32034	Name Street Address (P.O. Box Number is Not Acceptable): 2059 BEACH WOOD ROAD 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD RHODES,R.M. 2059 BEACH WOOD VILLAS FERNANDINA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2059 BEACH WOOD ROAD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RHODES,R.L. 2059 BEACH WOOD VILLAS FERNANDINA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2059 BEACH WOOD ROAD	☑ Change ☐ Addition
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CR2E034 (9/99)

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 M. Rhodes, President April 12, 2000 (904) 261-9675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT M. RHODES, PRESIDENT