

2000 UNIFORM BUSINESS REPORT (UBR)

0001029 AF

DOCUMENT # **A97000001436**

1. Entity Name

SY-KLONE INTERNATIONAL, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02

Principal Place of Business

**444 THIRD STREET
NEPTURNE BEACH FL 32266**

Mailing Address

**P.O. BOX 50457
JACKSONVILLE BEACH FL 32240-0457**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3492344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOULD, STEPHEN A ESQUIRE

708 N. THIRD STREET

JACKSONVILLE BEACH FL 32250

Name

STEPHEN A. HOULD

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

444 THIRD STREET

City

NEPTURNE BEACH

FL

Zip Code

32266

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)

8/04/00

DATE

9. Capital Contributions
as Shown on record.

\$400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **J35101**
NAME **THE SY-KLONE COMPANY**
STREET ADDRESS **6541-1 POWERS AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

THE SY-KLONE COMPANY as General Partner

SIGNATURE REQUIRED
BY JAMES G. MOREDOCK, PRES.

AUG. 3, 2000

Date

Daytime Phone #

904 448 6563

CR2E003 (5/00)