## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE:

## Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # F43322** 1. Entity Name SYNERGISTIC DEVELOPMENT CORPORATION 04-13-2001 90038 002 \*\*\*150.00 Principal Place of Business Mailing Address 201 SOUTH MONROE ST., STE. 500 201 SOUTH MONROE ST., STE. 500 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2218535 Not Applicable Country \$8.75 Additional Country Zin Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, WILTON R Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH MONROE ST. SUITE 500 TALLAHASSEE FL 32301 Zip Code City FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME MILLER, WILTON R NAME STREET ADDRESS STREET ADDRESS 201 S. MONROE ST. #500 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition ☐ Delete TITLE TITLE. NAME MILLER, SUSANNE STREET ADDRESS STREET ADDRESS 201 S. MONROE ST. #500 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL \_\_\_\_.Addition ☐ Change TITLE TITLE., 🚑 🗢 ST -☐ Defete NAME NAME SANTE, LINDA M STREET ADDRESS STREET ADDRESS 2146 SANDPEBBLE COURT CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308-4833 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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