

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F960000006247**
1. Entity Name **Synergy Business Services, Inc.**
3157 North University Drive

FILED
02 MAR -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business 3157 N. University Dr. Suite, Apt. #, etc. 108 City & State Hollywood, FL 33024 Zip 33024 Country USA	3. Mailing Address 3157 N. University Dr. Suite, Apt. #, etc. 108 City & State Hollywood, FL 33024 Zip 33024 Country USA
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4. FEI Number 76-0438286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name Johnny L. Holland Street Address (P.O. Box Number is Not Acceptable) 11428 NW 43rd Terrace City Miami FL Zip Code 33178	

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 _____ (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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE President NAME Michael J. Maher STREET ADDRESS 2537 S. Gessner Rd, #228 CITY-ST-ZIP Houston, TX 77063	TITLE VP NAME Johnny L. Holland STREET ADDRESS 11428 NW 43rd Ter CITY-ST-ZIP Miami, FL 33178	TITLE VP NAME Johnny L. Holland STREET ADDRESS 11428 NW 43rd Ter CITY-ST-ZIP Miami, FL 33178	TITLE VP NAME Johnny L. Holland STREET ADDRESS 11428 NW 43rd Ter CITY-ST-ZIP Miami, FL 33178
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Johnny L. Holland, Sr. V.P.** *[Signature]* **01/28/2002 954-450-2202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)