

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90384 008 \*\*\*150.00

**DOCUMENT # F96000006247**

**1. Entity Name**  
**SYNERGY BUSINESS SERVICES, INC.**



**Principal Place of Business**  
**3157 N. UNIVERSITY DRIVE. #108**  
**HOLLYWOOD FL 33024**

**Mailing Address**  
**3157 N. UNIVERSITY DRIVE. #108**  
**HOLLYWOOD FL 33024**



**2. Principal Place of Business**

**3. Mailing Address**

**7369 Sheridan St**

**7369 Sheridan St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**203**

**203**

City & State

City & State

**Hollywood FL**

**HOLLYWOOD FL**

Zip

Country

Zip

Country

**33024 USA**

**33024 USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 76-0438286**

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**

**HOLLAND, JOHNNY L**  
**11428 NW 43RD TERRACE**  
**MIAMI FL 33178**

**Name JOHNNY L. HOLLAND**

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

**18652 SW 41st St**

**City MIRAMAR**

**FL**

**Zip Code 33029**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/25/2003**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE P** ☐ Delete  
**NAME MAHER, MICHAEL J**  
**STREET ADDRESS 2537 S. GESSNER #228**  
**CITY-ST-ZIP HOUSTON TX 77063**

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

**TITLE V** ☐ Delete  
**NAME HOLLAND, JOHNNY L**  
**STREET ADDRESS 11428 NW 43RD TER**  
**CITY-ST-ZIP MIAMI FL 33178**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS 18652 SW 41st St**  
**CITY-ST-ZIP MIRAMAR FL 33029**

**TITLE** ☐ Delete  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address with other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/2003**

Date

**954 86-7070**

Daytime Phone #

CR2E034 (10/02)