

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004898

1. Entity Name

SYBOLOGY ENTERPRISES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90100 042 ***150.00

Principal Place of Business

Mailing Address

9753 W SAMPLE RD
CORAL SPRINGS FL 33065

9753 W SAMPLE RD
CORAL SPRINGS FL 33065-4003

604959



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3129825

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

BISSONNETTE, RICHARD
9753 W SAMPLE RD
CORAL SPRINGS FL 33065

Name Mike MINTZ

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

9753 West Sample Rd

City CORAL SPRINGS

FL

Zip Code 33065

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

Mike MINTZ

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

[Signature]

(NOTE: Registered Agent signature required upon reinstating)

4/1/00

DATE

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 PT ☐ Delete
NAME MCINERNEY, GAIL C
STREET ADDRESS 95 PROSPECT AVE
CITY-ST-ZIP BRIDGEWATER NJ 08807

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

TITLE VS ☐ Delete
NAME MCINERNEY, THOMAS J
STREET ADDRESS 95 PROSPECT AVE
CITY-ST-ZIP BRIDGEWATER NJ 08807

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Thomas J. McInerney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

908-725-1699

Daytime Phone #