2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H55207 **DOCUMENT #**

IMOGENE M. SYNON, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90128 022 ***150.00

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Principal Place of Business 420 FLEMING ST KEY WEST FL 33040			Mailing Address 420 FLEMING ST KEY WEST FL 33040						AN ANDU DIQU KRAL
2. Principal Place of Business			3. Mailing Address					iai andin andin dinin di	
Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	C	City & State			4. FEI Number 59-2527235 Applied For			
Zip	Cour	itry Zi	0	Country	·	5. Certificate of	of Status Desired	\$8.75 Fee Req	Not Applicable Additional
	6. Name and Ad	dress of Current Registe	red Agent	<u>'</u>		7 Name and	Address of Now Posi		
SYNON, IMOGENE M. 420 FLEMING ST KEY WEST FL 33040					lame treet Address (l	7. Name and Address of New Registered Agent ddress (P.O. Box Number is Not Acceptable)			
8. The above the obliga	e named entity submit tions of registered age	s this statement for the pur ant.	pose of changing it		ity ffice or register	ed agent, or both	, in the State of Florida	FL Zip C	
SIGNATURE		ame of registered agent and title if a	oplicable. (NO	TE: Registered Age	nt signature required	when reinstating)		DATE	
Afte Make Check	ILE NOW!!! FEE r May 1, 2003 Fee to k Payable to Florida	will be \$550.00 a Department of State					tion Campaign Financ t Fund Contribution.		.00 May Be ded to Fees
10	1	OFFICERS AND DIRECTO	ORS	11.		ADDITIONS/C	HANGES TO OFFICER	RS AND DIRECTO	DRS IN 11
TITLE • NAME STREET ADDRESS CITY-ST-ZIP	PD SYNON, IMOGEN 420 FLEMING ST KEY WEST FL	Е М.	□ Delete	TITLE NAME Street adi City-St-Z				☐ Chang	
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of the corp	poration or the receive	ion supplied with this filing emental report is true and r or trustee empowered to rith an address, with all oth	execute this report	the exemption ny signature sl as required by	n stated in Sec hall have the sa y Chapter 607, I	tion 119.07(3)(i), l me legal effect a Florida Statutes: a	Florida Statutes. I furth s if made under oath; and that my name app	er certify that the that I am an office ears in Block 10	information er or director or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #