

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90057 013 ***150.00

DOCUMENT # J01620

1. Entity Name

SYMONS INTERNATIONAL GROUP, INC.

Principal Place of Business

Mailing Address

21577 WOODSTREAM TERR
 BOCA RATON FL 33428
 US

4720 KINGS WAY DRIVE
 INDIANAPOLIS IN 46205
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2667118**

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

STANTON, JEFF

~~5900 N. ANDRES AVE.~~

~~STE-000~~

~~FT LAUDERDALE FL 33300~~

Name

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

21577 WOODSTREAM TERR

City

BOCA RATON

FL

Zip Code

33428

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

Douglas H Symons

4-9-01

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	CD	<input type="checkbox"/> Delete
NAME	SYMONS, G. GORDON	
STREET ADDRESS	4720 KINGSWAY DR	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SYMONS, DOUGLAS H.	
STREET ADDRESS	4720 KINGSWAY DR.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SYMONS, ALAN G	
STREET ADDRESS	4720 KINGSWAY RD	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Douglas H Symons **DOUGLAS H Symons**

Date

4-9-01

Daytime Phone #

CR2E034 (10/00)