

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90075 047 ***150.00

0459202

DOCUMENT # J35101

1. Entity Name

THE SY-KLONE COMPANY

Principal Place of Business

**6541-1 POWERS AVE
JACKSONVILLE FL 32217**

Mailing Address

**P.O. BOX 550859
JACKSONVILLE FL 32255-0859
US**

2. Principal Place of Business

6593-17 POWERS AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL 32217

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2716912

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HOULD, STEPHEN A
444 THIRD STREET
NEPTUNE BEACH FL 32266****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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**

TITLE	VCD	<input type="checkbox"/> Delete
NAME	MOREDOCK, WILLIAM J.	
STREET ADDRESS	6541-1 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MOREDOCK, JAMES G.	
STREET ADDRESS	6541-1 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERSON, WARREN	
STREET ADDRESS	6541-1 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	MOREDOCK, FRANCES P	
STREET ADDRESS	6541-1 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOULD, STEPHEN A	
STREET ADDRESS	444 THIRD STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	6541 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Frances P. Moredock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April 2001

Date

904

448-6543

Daytime Phone #

CR2E034 (10/00)