

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53653

1. Entity Name

SYNERGISTIC SOFTWARE SYSTEMS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90238 005 ***150.00

Principal Place of Business

Mailing Address

442 8 NORTH THIRD STREET
NEPTUNE BCH FL 32266
US

442 NORTH 3RD STREET
SUITE 400
NEPTUNE BEACH FL 32266-5111
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2755750

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

MOTOLAW, INC.
50 N. LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202

Name ~~AKERMAN SENTERFIT & EDISON P.A.~~
Street Address (P.O. Box Number is Not Acceptable)
50 NORTH LAURA ST
SUITE 2750
City JACKSONVILLE FL Zip Code 32202

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, 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	P	<input type="checkbox"/> Delete
NAME	WINTRODE, LEE	
STREET ADDRESS	442 3RD STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES REED	
STREET ADDRESS	442 3RD STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	SECY	<input type="checkbox"/> Delete
NAME	JODI WINTRODE STRENTA	
STREET ADDRESS	442 THIRD ST	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME	DIR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Lee Wintode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/00
Date

(904)249-0201
Daytime Phone #

CR2E034 (9/99)