2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # K07856 1. Entity Name 05-27-2002 90265 003 ***150.00 SYDOR ASSOCIATES, INC. Principal Place of Business Mailing Address 1631 RIVERVIEW RD. #301 1631 RIVERVIEW RD. #301 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 1537 E, HILLSBORD BLUD. 1537 E, HILLSBORD BLUD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0019072 DEERGELD BEACA, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SYDOR, KARL J. Street Address (P.O. Box Number is Not Acceptable) 1537 E. HILLSBORO BLVD 1631 RIVERVIEW RD 301 **DEERFIELD BEACH FL 33441** 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 TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE **PST** ☐ Delete E, HILLSBORD BLUD #538 NAME NAME SYDOR, KARL J. STREET ADDRESS 1631 RIVERVIEW RD 301 STREET ADORESS EERFIELD BEACH, FL CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-7IP Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 ad-

CITY-ST-ZIP

SIGNATURE: