FILED

2002 Uniform Business Report (UBR)

Mar 31, 2002 8:00 am Secretary of State **DOCUMENT #** K86553 1. Entity Name 03-31-2002 90331 021 ***150.00 SYDON INCORPORATED Principal Place of Business Mailing Address % HENRY J. SAIDY % HENRY J. SAIDY 1010 CLEVELAND ST. 1010 CLEVELAND ST. CLEARWATER FL 34615 CLEARWATER FL 34615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2945875 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Souad SAYDI SAIDY, HENRY J. Street Address (P.O. Box Number is Not Acceptable) 1010 CLEVELAND ST **CLEARWATER FL 34615** 1010 Cleveland 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. D Addition CR2E034 (9/01) TITLE Delete TITLE SOUAD SAYDI 2291 VanderBILT Dr NAME SAIDY, ANTOINE P. NAME STREET ADDRESS 2291 VANDERBILT DR STREET ADDRESS Clearwaker FL CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL Delete Zalfa Saidy DCHMAN RD # 121 ☐ Change Addition TITLE TITI F NAME SAIDY, HENRY J. NAME STREET ADDRESS STREET ADDRESS 2545 NE COOCHMAN RD #121 Clearwater FL CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

HENRY

F SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME