## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K86553

## FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90178 035 \*\*\*150.00

1. Entity Nam SYDON IN	NCORPORATED	Ì							
Principal Place of Business % HENRY J. SAIDY 1010 CLEYELAND ST. CLEARWATER, FL 34615		Mailing Address % HENRY J. SAIDY 1010 CLEVELAND ST. CLEARWATER, FL 34615			11009966				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & Stat		City & State			4. FEI Number 59-2945875			Applied For Not Applicable	
Zip	Country Zip  6. Name and Address of Current Registered Agent		Country	y 	5. Certificate of Status Desired		Fe	8.75 Additional see Required	
		Name .	_7. N	lame and Address of New Regist	ered Age	ent			
SAIDI, AOUAD 1010 CLEVELAND ST CLEARWATER, FL 34015				Street Address (P.O. Box Number is Not Acceptable)					
33 7.5 3			Ļ	City			<b>E</b> I	Zip Çode	
8. The above	named entity submits this statement f	or the purpose of changing its		<u> </u>	ed age	ent, or both, in the State of Florida.	FL I am fan	·	
the obligat	lions of registered agent.	, , , , , , ,	_	<del>-</del>	_				}
" SIGNATURE .	Signature, typed or primed name of registered agen	a and tiste if applicable. (NOT	E: Regisered A	Agentsignature required	when sei	instating)	DATE	<del>.</del>	
FILE NOWID FEE IS \$150.00					,	Election Campaign Financir     Trust Fund Contribution.	9 🗆		<b>0</b> May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICER	D DIA	RECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUAD, SAYDI 2291 VANDERBILT DR CLEARWATER, FL	□ Delete .	TITLE NAME STREET CITY-ST	addréss 1-21P				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZALFA, SAIDY NA 2545 NE COCHMAN RD 121 STE		TITLE NAME STREET CITY-ST	ADDRESS 7-ZIP			Ċ	] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS			C	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			C	Change	Addition
TITLE RAME STREET ADDRESS CITY-ST-2P		☐ Delete	1/ILE NAME	ADDRÉSS				Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS			[	Change	Addition
12. I hereby of the core	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp	h this filling does not qualify fo	or the exemp	ption stated in Sec	ction 1	19.07(3XI), Florida Statutes, I furth	er certify	that the in	iformation or director

SIGNATURE: