

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004288

1. Entity Name

SYNERGY ALLIANCE GROUP, LLC

Principal Place of Business

688 SAINT JOHNS COURT
WINTER PARK FL 32792

Mailing Address

688 SAINT JOHNS COURT
WINTER PARK FL 32792

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1025 SEMDRAN BOULEVARD

Suite, Apt. #, etc.

SUITE 1093

City & State

WINTER PARK, FL

Zip 32792

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

28-0466339

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANNER, LARRY W
688 SAINT JOHNS COURT
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

SAME

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

Larry W. Tanner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/24/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE OPERATIONS MANAGER ☐ Delete
NAME JANICE L. WARE
STREET ADDRESS 1025 SEMDRAN BOULEVARD #1093
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JANICE L. WARE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08/24/01

407-379-1011

Date

Daytime Phone #

CR2E083 (5/01)