## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

an address, with all of

## Apr 18, 2002 8:00 am Secretary of State **DOCUMENT #** L01400 04-18-2002 90368 044 \*\*\*150 THE SYDGAN CORPORATION Principal Place of Business Mailing Address 558 W. NEW ENGLAND AVE. P.O. BOX 350 #210 WINTER PARK FL 32790-0350 WINTER PARK FL 32789 US 2. Principal Place of Business 3. Mailing Address 533 W. New Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE n 46 Applied For City & State 4. FEI Number 59-2958267 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required \_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bellows BELLOWS, DANIEL B. Address (P.O. Box Number 558 W. NEW ENGLAND AVE **STE 210** WINTER PARK FL 32789 City e purpose of changing its registered office or registered agent, or both, in the State of Florida emed entity submits this stateme SIGNATURE nature, typed or printed name of registered agent and title if applicable (NOTE: 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) DPST Change ☐ Delete TITLE ☐ Addition TITLE **DPST** DANIEL B. Bellows NAME NAME BELLOWS, DANIEL B P.O. BOX 350 STREET ADDRESS STREET ADDRESS 941 GERGIA AVE CITY-ST-ZIP CITY-ST-ZIP PARK 2790 - 0350 WINTER PARK FL 32789 TITLE ☐ Delete Change ☐ Addition NAME NAME <u>Hudson, Catherine E</u> STREET ADDRESS STREET ADDRESS 558 WEST NEW ENGLAND AVENUE STE 210 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 practice this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if