

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90188 013 ***150.00

DOCUMENT # L01400

1. Entity Name
THE SYDGAN CORPORATION



Principal Place of Business
**533 W. NEW ENGLAND AVE
SUITE C
WINTER PARK FL 32789
US**

Mailing Address
**P.O. BOX 350
WINTER PARK FL 32790-0350
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2958267**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



BY: _____

6. Name and Address of Current Registered Agent

**BELLOWS, DANIEL B.
533 W. NEW ENGLAND AVE
SUITE C
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **BELLOWS, DANIEL B**
STREET ADDRESS **P.O. BOX 350**
CITY-ST-ZIP **WINTER PARK FL 32790-0350**

☒ Delete

TITLE **VP**
NAME **HUDSON, CATHERINE E**
STREET ADDRESS **533 W. NEW ENGLAND AVE., STE C**
CITY-ST-ZIP **WINTER PARK FL 32789**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MARGARET H. O'ROURKE**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D, P, S, T**
NAME **MARGARET H. O'ROURKE**
STREET ADDRESS **P.O. BOX 350**
CITY-ST-ZIP **WINTER PARK, FL 32790-0350**

☐ Change ☒ Addition

TITLE **D, P, S, T**
NAME **DANIEL B. BELLOWS**
STREET ADDRESS **P.O. BOX 350**
CITY-ST-ZIP **WINTER PARK, FL 32790-0350**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 407-644-3151

Date

Daytime Phone #

CR2E034 (10/02)