

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58930

1. Entity Name

SYNERGISTIC TECHNOLOGIES, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90013 041 ***150.00

Principal Place of Business

8240 DEVEREUX DR.
SUITE 100
MELBOURNE FL 32940-7949
US

Mailing Address

8240 DEVEREUX DR.
SUITE 100
MELBOURNE FL 32940-7949
US

2. Principal Place of Business

4450 H Enterprise Court
Suite, Apt. #, etc.

3. Mailing Address

4450 H Enterprise Court
Suite, Apt. #, etc.

City & State

Melbourne Florida

City & State

Melbourne Florida

Zip

32934

Country

USA

Zip

32934

Country

USA

4. FEI Number

59-3004269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOEL E.
100 RIALTO PLACE #510
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name James B. Edwards P.O.

Street Address (P.O. Box Number is Not Acceptable)

670 Waterwood Way

City Melbourne

FL

Zip Code
32940

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 James B. Edwards President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES B.	
STREET ADDRESS	670 WATERWOOD WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARGARET J. EDWARDS	
STREET ADDRESS	670 WATERWOOD WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: Margaret J. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

321-242-9661

Daytime Phone #

0485960

CR2E034 (10/00)