

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-21-2002 90003 018 ****61.25

DOCUMENT # N01000004880

1. Entity Name

SYNERGY FITNESS FOUNDATION INC.

Principal Place of Business

Mailing Address

1908 W. MARTIN LUTHER KING BLVD.
TAMPA FL 336071908 W. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607

17726

2. Principal Place of Business

1908 W. MLK BLVD

Suite, Apt. #, etc.

3. Mailing Address

1908 W. MLK BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-372291

Applied For

Not Applicable

Zip

33607

Country

US

Zip

33607

Country

US

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERTZ, RICHARD O
23622 HARDWOOD CT.
TAMPA FL 33559

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeletePRESIDENT
RICHARD O. MERTZ
23622 HARDWOOD CT
LUTZ FL 33559TITLE NAME ☐ DeleteSECRETARY & TREASURER
MARY O. MERTZ
23622 HARDWOOD CT
LUTZ FL 33559TITLE NAME ☐ DeleteVICE PRESIDENT
ANTHONY CONYGES
1110 S. 69th ST.
ATLANTA FL 33619TITLE NAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ 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 617, 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

Date

Daytime Phone #

CPRE037 (9/01)