

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002184**

1. Entity Name

SYNERGY OF UNIVERSAL LIGHT, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90234 029 *****61.25

0047114

Principal Place of Business

Mailing Address

**6220 ALMOND TERR
PLANTATION FL 33317-2500****6220 ALMOND TERR
PLANTATION FL 33317-2500****C0064422**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**METRAUX, FRANCOIS
6220 ALMOND TERR
PLANTATION FL 33317-2500**

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 Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	METRAUX, GINGER C	6220 ALMOND TERR	PLANTATION FL 33317-2500	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	METRAUX, FRANCOIS D	6220 ALMOND TERR	PLANTATION FL 33317-2500	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	SEELY, ADRIANAH	660 NE 11TH AVE #3	FORT LAUDERDALE FL 33304	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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**
FRANCOIS D. METRAUX **4/30/2001**

Date

Daytime Phone #

CR2E037 (10/00)