

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-15-2001 90050 038 ***150.00

DOCUMENT # P00000027826

1. Entity Name
SYNERGY RANGE & GOLF INTERNATIONAL, INC.

Principal Place of Business
7920 S TAMiami TRAIL STE 202
FT MYERS FL 33908

Mailing Address
7920 S TAMiami TRAIL STE 202
FT MYERS FL 33908

2. Principal Place of Business
7920 INTERSTATE COURT
Suite, Apt. #, etc.

3. Mailing Address
7920 INTERSTATE COURT
Suite, Apt. #, etc.

City & State
N. FT. MYERS, FLORIDA

City & State
N. FT. MYERS, FLORIDA

4. FEI Number
65-1076363

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
THOMPSON, WILLIAM J
17595 S TAMiami TRAIL STE 106
FT MYERS FL 33908

7. Name and Address of New Registered Agent

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #