2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000098185

Entity Name: SYNERGY HEALTH & FITNESS STUDIO, INC.

Current Principal Place of Business:

2955 PINEDA CAUSEWAY #201
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

2955 PINEDA CAUSEWAY #201
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3679674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERS, DAVID
2955 PINEDA CAUSEWAY #201
MELBOURNE, FL 32940

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLORESCU, KIMBERLY
Address: 2955 PINEDA CAUSEWAY #201
City-St-Zip: MELBOURNE, FL 32940

Title: S ( ) Delete
Name: RIVERS, DAVID
Address: 2955 PINEDA CAUSEWAY #201
City-St-Zip: MELBOURNE, FL 32990

Title: T ( ) Delete
Name: ADAMS, HELEN MARY
Address: 2955 PINEDA CAUSEWAY #201
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY M. FLORESCU PRES 03/08/2002

Electronic Signature of Signing Officer or Director — Date