

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90278 006 ***158.75

DOCUMENT # P01000033562

1. Entity Name
SYNERGY SOUTHEAST, INC.



Principal Place of Business
369 SPRUCEWOOD COURT
LAKE MARY FL 32746

Mailing Address
369 SPRUCEWOOD COURT
LAKE MARY FL 32746

2. Principal Place of Business
145 WAYMONT COURT
Suite, Apt. #, etc.
#101

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Lake Mary

City & State

4. FEI Number 59-3711064

Applied For
Not Applicable

Zip 32746 Country USA

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FARACCHIO, DEAN
369 SPRUCEWOOD COURT
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name DEAN FARACCHIO
Street Address (P.O. Box Number is Not Acceptable)
145 Waymont Ct, #101
City Lake Mary FL Zip Code 32746

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. I am familiar with, and accept the obligations of registered agent.

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

Dean Faracchio
(NOTE: Registered Agent signature required when reinstating)

3/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOLDSTEIN, BARRY 1413 AVE J BROOKLYN NY 11230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FARACCHIO, DEAN 369 SPRUCEWOOD COURT LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Dean Faracchio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 40734588
Date Daytime Phone #

CR2E034 (10/02)