

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90155 003 ***150.00

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FP

DOCUMENT # P01000099215

1. Entity Name
SYMPHER SOLUTIONS, INC.



Principal Place of Business
**33 CROSSINGS CIRCLE #B
BOYNTON BEACH FL 33435**

Mailing Address
**33 CROSSINGS CIRCLE #B
BOYNTON BEACH FL 33435**



2. Principal Place of Business
527 E. Ridge Circle S.
Suite, Apt. #, etc.

3. Mailing Address
527 E. Ridge Circle S.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Bch, FL

City & State
Boynton Bch, FL

4. FEI Number **02-0541370**

Applied For
Not Applicable

Zip Country
33435 U.S.A.

Zip Country
33435 U.S.A.

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

**ROBERTS, CURTIS
33 CROSSINGS CIRCLE #B
BOYNTON BEACH FL 33435**

Name **CURTIS ROBERTS**
Street Address (P.O. Box Number is Not Acceptable)
527 E. Ridge Circle S.
City **Boynton Beach FL** Zip Code **33435**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROBERTS, CURTIS**
STREET ADDRESS **21445 TOWNLAKES DRIVE #3-112**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **President** ☒ Change ☐ Addition
NAME **CURTIS ROBERTS**
STREET ADDRESS **527 E. Ridge Circle S.**
CITY-ST-ZIP **Boynton Bch, FL 33435**

TITLE **D** ☐ Delete
NAME **HUNTER, TREMAYNE**
STREET ADDRESS **33 CROSSINGS CIRCLE #B**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Tremayne Hunter**
STREET ADDRESS **527 E. Ridge Circle S.**
CITY-ST-ZIP **Boynton Bch, FL 33435**

TITLE **D** ☐ Delete
NAME **SPENCE, AINSWORTH**
STREET ADDRESS **33 CROSSINGS CIRCLE #B**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Ainsworth Spence Jr.**
STREET ADDRESS **527 E. Ridge Circle S.**
CITY-ST-ZIP **Boynton Bch, FL 33435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 (501) 740-1366

Date Daytime Phone #

CR2E034 (10/02)