

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91845 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000019327

1. Entity Name

JERRY SYNERGETIC CONSULTING, INC.



JUL 12 2003

Principal Place of Business
 5851 CAMINO DEL SOL #300
 BOCA RATON FL 33433

Mailing Address
 5851 CAMINO DEL SOL #300
 BOCA RATON FL 33433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

30-0048499

Applied For

Not Applicable

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

VEYNROB, SAM
 5851 CAMINO DEL SOL #300
 BOCA RATON FL 33433

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

SIGNATURE

Signature must be printed (name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when (re)appointing)

(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 NAME PD VEYNROB, SAM ☐ Delete
 STREET ADDRESS 5851 CAMINO DEL SOL #300
 CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE NAME ☐ Change ☐ Addition
 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)(j), 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

Date

Signature Phone #

CR2E034 (10/02)

4/30/03