

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**  
05-01-2003 90371 020 \*\*\*150.00

**DOCUMENT #** P02000021362  
**1. Entity Name**  
SZY-TECH SOFTWARE INC.



**Principal Place of Business**  
216 CAPRI COVE PLACE  
SANFORD FL 32771

**Mailing Address**  
216 CAPRI COVE PLACE  
SANFORD FL 32771



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

02-0558915

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES.

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SZYMANSKI, TERRENCE M  
216 CAPRI COVE PLACE  
SANFORD FL 32771

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**

*Susan Szymanski*

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

(NOTE: Registered Agent signature required when reinstating)

*April 28, 2003*

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	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	SZYMANSKI, TERRENCE M	216 CAPRI COVE PLACE	SANFORD FL 32771	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	SZYMANSKI, SUSAN	216 CAPRI COVE PLACE	SANFORD FL 32771	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SZYMANSKI, SCOTT M	3269 PHONETIA	DELTONA FL 32738	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SZYMANSKI, MICHELLE S	3706 BELLE SHADOW LANE	TAMPA FL 33634	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

**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:**

*Susan Szymanski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28, 2003*  
Date  
*402-474-7182*  
Daytime Phone #

CR2E034 (10/02)