

# 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

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AV

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



CHECK HERE IF MAKING CHANGES.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0558915

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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)

DATE *April 28, 2003*

**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 P  Delete  
NAME SZYMANSKI, TERRENCE M  
STREET ADDRESS 216 CAPRI COVE PLACE  
CITY-ST-ZIP SANFORD FL 32771

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  Delete  
NAME SZYMANSKI, SUSAN  
STREET ADDRESS 216 CAPRI COVE PLACE  
CITY-ST-ZIP SANFORD FL 32771

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SZYMANSKI, SCOTT M  
STREET ADDRESS 3269 PHONETIA  
CITY-ST-ZIP DELTONA FL 32738

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SZYMANSKI, MICHELLE S  
STREET ADDRESS 3706 BELLE SHADOW LANE  
CITY-ST-ZIP TAMPA FL 33634

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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: *Susan Szymanski* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *April 28, 2003* DAYTIME PHONE # *407-474-7182*

CR2E034 (10/02)