FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90115 016 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053822

1. Entity Name
SYNERGY STRUCTURAL ENGINEERING, P.A.

10072235

Principal Place of Business	Mailing Address
1100 CESERY BLVD. JACKSONVILLE, FL 32211	1100 CESERY BLVD. JACKSONVILLE, FL 32211

2. Principal Place of Business	3. Mailing Address
	730 NE Waldo Rd, Bldg A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Gainesville, FL
Zip / Country	Zip: 32641 / Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3295672 ☐ 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
LEVERETT, GEORGE J 3606 RIVER HALL DR. JACKSONVILLE, FL 32217	Name: Richard H. Jones Street Address (P.O. Box Number is Not Acceptable): 730 NE Waldo Road Bldg A City: Gainesville FL Zip Code: 32641

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. *Dr Richard H Jones*

SIGNATURE DR RICHARD H. JONES, V.P. 4/9/03
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEVERETT, GEORGE J 3606 RIVER HALL DR. JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Owen, Tim W 4410 Goodby's Hideaway Dr. N Jacksonville, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

Dr Richard H Jones
SIGNATURE: DR RICHARD H. JONES, V.P. 4/9/03 352/377-5821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #