

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

04-28-2003 90518 015 ***150.00

DOCUMENT # P02000063598

1. Entity Name
PALM BEACH SYNERGY GROUP, INC.



Principal Place of Business
C/O JOHN C. SCHNEIDER, ESQ.
1550 CLEARLAKE CNTR. 250 AUSTR. AVE. SO.
WEST PALM BEACH FL 33401

Mailing Address
C/O JOHN C. SCHNEIDER, ESQ.
1550 CLEARLAKE CNTR. 250 AUSTR. AVE. SO.
WEST PALM BEACH FL 33401

55050437

2. Principal Place of Business
14792 Palmwood Road
Suite, Apt. #, etc.

3. Mailing Address
14792 Palmwood Road
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL
Zip
33410
Country
USA

City & State
Palm Beach Gardens, FL
Zip
33410
Country
USA

4. FEI Number
22-3857365

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C
1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE, SOUTH
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
SCOTT L. McMULLEN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
505 S. FLAGLER DRIVE, SUITE 1100
City
WEST PALM BEACH FL Zip Code
33401

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 Scott McMullen
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/24/03

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Arthur W. Peterson Jr.	
STREET ADDRESS	14792 Palmwood rd	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	Secretary, Treasurer	<input type="checkbox"/> Delete
NAME	Timothy D. Hilton	
STREET ADDRESS	11987 Shakerwood Lane	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Arthur W. Peterson Jr., Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.2003
Date

561.644.3179
Daytime Phone #

CR2E034 (10/02)