

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92205 021 ***150.00

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DOCUMENT # P02000084337

1. Entity Name
SYNOPTICS BUSINESS CONSULTING, INC.



Principal Place of Business
**10037 REMINGTON DRIVE
RIVERVIEW FL 33569**

Mailing Address
**10037 REMINGTON DRIVE
RIVERVIEW FL 33569**



2. Principal Place of Business
13816 OGAKOR DR

3. Mailing Address
13816 OGAKOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
RIVERVIEW FL

City & State
RIVERVIEW FL

4. FEI Number
51-0420678

Applied For
☐ Not Applicable

Zip
33569

Country
HILLSB.

Zip
33569

Country
HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLONAS, MARK J
10037 REMINGTON DRIVE
RIVERVIEW FL 33569**

Name
MARK J. COLONAS

Street Address (P.O. Box Number is Not Acceptable)
13816 OGAKOR DR.

City
RIVERVIEW - **FL** Zip Code
33569

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 *Nancy Rae Kjeldgaard* **NANCYRAE KJELGAARD-PRES.** **4/29/03**
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	P KJELGAARD, NANCYRAE 10037 REMINGTON DRIVE RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLONAS, MARK J 10037 REMINGTON DRIVE RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Nancy Rae Kjeldgaard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/03 **813-672-9378**
Date Daytime Phone #

CR2E034 (10/02)