

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90054 022 ***550.00

DOCUMENT # P02000096707

1. Entity Name
THE SYND'CATS, INC.



Principal Place of Business
**10403 MANASSAS CIRCLE
ORLANDO FL 32821**

Mailing Address
**10403 MANASSAS CIRCLE
ORLANDO FL 32821**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2068655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**THIBOULT, KENNETH E
10403 MANASSAS CIRCLE
ORLANDO FL 32821**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

8/4/03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PD** ☐ Delete
NAME **WISE, MARK A**
STREET ADDRESS **1540 ELM AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VD** ☐ Delete
NAME **MILLER, MARK N**
STREET ADDRESS **11469 ORANGE ST.**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **SD** ☐ Delete
NAME **ROSS, GARLAND R**
STREET ADDRESS **5607 GATLIN AVE.**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **TD** ☐ Delete
NAME **THIBOULT, KENNETH E**
STREET ADDRESS **10403 MANASSAS CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/04/03
Date

407-248-8217
Daytime Phone #

CR2E034 (4/03)