

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000117746

1. Entity Name
SCOTT SYNAKOWSKI CONCRETE MASON INC



Principal Place of Business
5881 SE COLLINS AVE
STUART, FL 34997

Mailing Address
5881 SE COLLINS AVE
STUART, FL 34997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

52-2406153

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

SYNAKOWSKI, SCOTT W
5881 SE COLLINS AVE
STUART, FL 34997

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SYNAKOWSKI, SCOTT W
5881 SE COLLINS AVE
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600027617936
01/26/04--01088--004 **150.00 ☐ Change ☐ Addition

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: see attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JAN 20 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1264

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**Division of Corporations****Annual Report**

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Business Entity Name

SCOTT SYNAKOWSKI CONCRETE MASON INC

FEI Number

522406153

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each**Principal Place of Business**

Address

5881 SE COLLINS AVE

Suite, Apt. #, etc.

City, State

STUART**FL**

Zip Code & Country

34997**Mailing Address**

Address

5881 SE COLLINS AVE

Suite, Apt. #, etc.

City, State

STUART**FL**

Zip Code & Country

34997**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

SYNAKOWSKI**SCOTT****W**

-or- RA Business Name

Address

5881 SE COLLINS AVE

Suite, Apt. #, etc.

City, State

STUART**FL**

Zip Code & Country

34997

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Division of Corporations

Annual Report

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Document Number

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Business Entity Name

SCOTT SYNAKOWSKI CONCRETE MASON INC

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

pres

Name (Last, First, Middle, Title)

synakowski

scott

w

pres

-or- Entity Name

Street Address

5881 se collins ave.

City, State

stuart

fl

Zip Code & Country

34997

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

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Street Address	<input type="text"/>		
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>		
Street Address	<input type="text"/>		
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>		
Street Address	<input type="text"/>		
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="pres"/>
Officer/Director Signature	<input type="text" value="scott w. synakowski"/>

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Reset

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