

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055856

1. Entity Name

SYNERGY SECURITY CLOSURES CORPORATION

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90088 048 ***150.00

Principal Place of Business

5007 NORTH COOLIDGE
TAMPA FL 33614

Mailing Address

5007 NORTH COOLIDGE
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JUNCO, BENITO III
5007 COOLIDGE
TAMPA FL 33614

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JUNCO, BENITO III
STREET ADDRESS C/O 5007 COOLIDGE
CITY-ST-ZIP TAMPA FL 33614

TITLE V ☒ Delete
NAME BRODZIK, EDWARD W SR.
STREET ADDRESS C/O 5007 COOLIDGE
CITY-ST-ZIP TAMPA FL 33614

TITLE ST ☐ Delete
NAME SPERO, MARGARET
STREET ADDRESS C/O 5007 COOLIDGE
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C.E.O. ☐ Change ☒ Addition
NAME Charles G Spero
STREET ADDRESS 6624 Reef Circle
CITY-ST-ZIP Tampa, FL 33625

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

Charles G. Spero

Charles G. Spero

CEO

04/18/01

Date

813 875 2511

Daytime Phone #

0347410

CR2E034 (10/00)