

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047051

1. Entity Name

SYNERCO, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90028 006 ***550.00

Principal Place of Business

205 WORTH AVENUE
 PALM BEACH FL 33480

Mailing Address

205 WORTH AVENUE
 PALM BEACH FL 33480

2. Principal Place of Business

100 WORTH AVE

3. Mailing Address

SYNERCO, c/o A. O'NEIL

Suite, Apt. #, etc.

APT 321

Suite, Apt. #, etc.

APT 321

City & State
 PALM BEACH, FL

City & State
 PALM BEACH, FL

4. FEI Number

65-0500423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, ALTON J
 205 WORTH AVENUE
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name O'NEIL, ALTON J

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

100 WORTH AVE

PALM BEACH, FL

Zip Code

33480

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)

Aug 30, 2000

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 \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPT
 NAME O'NEIL, ALTON J
 STREET ADDRESS 100 WORTH AVENUE
 CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALTON J. O'NEIL

Aug 30, 2000

Date

561 833 7444

Daytime Phone #

CR2E034 (5/00)