

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90127 049 ***150.00

DOCUMENT # P94000077994

1. Entity Name

SYNERGIUM CO.

Principal Place of Business

**6355 HUDSON RD
 COCOA FL 32927
 US**

Mailing Address

**P.O. BOX 21481
 TAMPA FL 33622**

2. Principal Place of Business

11401 Wheeling Drive
 Suite, Apt. #, etc.

3. Mailing Address

11401 Wheeling Drive
 Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33625

Country

U.S.A.

Zip

33625

Country

U.S.A.

4. FEI Number

65-0532461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PORTALATIN, ALEXIS I
 6355 HUDSON RD
 COCOA FL 32927**

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, 2002 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 **PS** ☐ Delete
 NAME **PORTALATIN, ALEX**
 STREET ADDRESS **6355 HUDSON RD**
 CITY-ST-ZIP **COCOA FL 32927**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFO (Chief Financial Officer)** ☐ Change ☒ Addition
 NAME **NORA J. WADDE**
 STREET ADDRESS **10721 GLEN ELLEN DRIVE**
 CITY-ST-ZIP **TAMPA, FLORIDA 33624**

TITLE **DIRECTOR OF Marketing** ☐ Change ☒ Addition
 NAME **Alexis Portalatin**
 STREET ADDRESS **12508 Hidden Brook Drive**
 CITY-ST-ZIP **Tampa, FL 33624**

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

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

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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 an address, with all other like empowered.

SIGNATURE:

Alexis Portalatin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-02 (813) 300-5406
 Date Daytime Phone #

CR2E034 (9/01)