## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P94000086373

1. Entity Name

SYNERGY INFORMATION SYSTEMS INC.



Principal Place of Business 179 BILBAO STREET ROYAL PALM BEACH FL 33411		Mailing Address 179 BILBAO STREET ROYAL PALM BEACH FL 33411			I INDICENDI MININI DINIM	ERINI RANN DRINI RENAL	<b>1814 B</b> 14 <b>8 8</b> 3144 1	<b>8888</b> (81) ( <b>188</b> )	
2. Principal Place of Business  1630 Worswith Lourt 9630 Worswick  Suite, Apt. #, etc.  3. Mailing Address  Suite, Apt. #, etc.				+					
City & State Wellington, FL. Welling ton FC			FL.	4	FEI Number 65-054		Ap	oplied For	
334/	Country US A		Country A	5	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
DAVIDSOI 179 BILBA ROYAL PA	= °	Name Street A	7. Name and Address of New Registered Agent  Phil DavidS Cru  ddess (P.O. Box Number is Not Acceptable)  16 30 Worswick Court						
City Welling for FL Zing age/4  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, type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  ### State							to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, PHILIP M 179 BILBAO STREET ROYAL PALM BEACH FL 33411	Delete .	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0	ADDITIONS/CHANGES TO ASON, Philip in wors wick we fon FL	m,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUTHAWAY, VALERIE A 179 BILBAO STREET ROYAL PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hautho 20 5.4 Stream	away valeri Hideaway + FL 240	e A Place	Change	Addition	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	f	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Change	Addition	
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indicated	ertify that the information supplied with t	nis filing does not qualify for the	e exemption stat	ed in Section	ı 119.07(3)(i), Florida Stat	utes. I further cert	ify that the in	formation	

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.