

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092563

1. Entity Name

SYNADYNE II, INC.

FILED

00 APR 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1144 E NEWPORT CENTER DR
DEERFIELD BCH FL 33442
US

Mailing Address
1144 E NEWPORT CENTER DR
DEERFIELD BCH FL 33442-7725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0021598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFROET, ROBERT A
1144 E NEWPORT CENTER DR
DEERFIELD BCH FL 33442

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island

City
Plantation FL Zip Code
33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BURRELL, PAUL M
1144 E NEWPORT CENTER DR
DEERFIELD BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Meier, Garry E
1144 E. Newport Center Drive
Deerfield Beach, FL 33442 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CUETO, BENJAMIN
1144 E NEWPORT CENTER DR
DEERFIELD BCH FL 33442 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
Peterson, Jon H.
1144 East Newport Center Drive
Deerfield Beach, FL 33442 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TOMLINSON, ROBERT E
1144 E NEWPORT CENTER DR
DEERFIELD BCH FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HINZE, DAVID
1144 E NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6000003238846--8
-05/04/00-01006-004
****150.00 ****150.00 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 all other like empowered.

SIGNATURE:

Jon H. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #