

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003933

1. Entity Name

SYNERGY MEDICAL LEASING, INC.

Principal Place of Business

11708 CASEY RD
TAMPA FL 33614

Mailing Address

11708 CASEY RD
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

4. FEI Number 59-3290031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUETES, LAWRENCE E
11708 CASEY RD
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name Joseph A. Spicola
Street Address (P.O. Box Number is Not Acceptable)
11708 Casey Rd.
City Tampa, FL Zip Code 33624

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 \$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	D	<input type="checkbox"/> Delete
NAME	SPICOLA, JOSEPH A	
STREET ADDRESS	11708 CASEY RD	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, DANIEL R	
STREET ADDRESS	8703 RIVER FOREST	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, DONNA	
STREET ADDRESS	8703 RIVER FOREST	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPICOLA, CYNTHIA D	
STREET ADDRESS	11708 CASEY ROAD	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 28, 2000

(813) 962-6080

Date

Daytime Phone #

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90003 020 ***150.00



DO NOT WRITE IN THIS SPACE

~~CONFIDENTIAL~~
attachment # P 9500000 3933
B0107204

August 29, 2000

Ms. Katherine Harris
Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Synergy Medical Leasing, Inc.
Uniform Business Report Document #95000003933

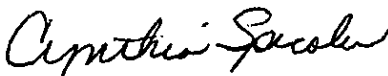
Dear Ms. Harris,

I would like to apologize for not returning the Uniform Business Report by the original due date of May 1, 2000, but I did not receive the first notice for Synergy Medical Leasing, Inc.

I telephoned the Division of Corporations office and was directed to write a letter stating the problem along with a check in the amount of \$150.00.

If there is a problem with the check amount, please let me know. Thank you for your help in this matter.

Sincerely,



Cynthia Spicola
Director, Synergy Medical Leasing, Inc.
11708 Casey Road
Tampa, Florida 33624
(813) 962-6080, Fax (813) 269-9694