

2000 UNIFORM BUSINESS REPORT (UBR)

0585928

DOCUMENT # P95000005975

FILED

00 APR 26 PM 12:59

1. Entity Name
SYNADYNE V, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1144 E NEWPORT DRIVE 1144 N NEWPORT CTR DR
DEERFIELD BCH FL 33442 DEERFIELD FL 33442
US US



DO NOT WRITE IN THIS SPACE

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 Applied For
65-0561889 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEFCORT, ROBERT A.
1144 E NEWPORT CTR DR
SUITE 1200
DEERFIELD FL 33442

7. Name and Address of New Registered Agent
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 **PETER F. SOUZA**
Assistant Secretary DATE **4/25/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BURRELL, PAUL M	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HINZE, DAVID	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEPERT, ROBERT A	
STREET ADDRESS	1144 EAST NEWPORT CTR DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRANCIS, SCOTT R	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL	
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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meier, Garry E.	
STREET ADDRESS	1144 E. Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peterson, Jon H.	
STREET ADDRESS	1144 E. Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	CFOVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<p style="text-align: center;">400003241764--0 -05/08/00--01011--008 ****150.00 ****150.00</p>		
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		
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: Date Daytime Phone #

CR2E034 (9/99)