

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90303 014 \*\*\*150.00

DOCUMENT # P95000005975

1. Entity Name  
**SYNADYNE V, INC.**

**533086**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1144 E NEWPORT DRIVE</b> <b>DEERFIELD BCH FL 33442</b> <b>US</b>	Mailing Address <b>1144 N NEWPORT CTR DR</b> <b>DEERFIELD FL 33442</b> <b>US</b>
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2. Principal Place of Business <b>1690 SOUTH CONGRESS AVE</b> Suite, Apt. #, etc. <b>SUITE 210</b> City & State <b>DELRAY BEACH FL</b> Zip <b>33445</b> Country <b>US</b>	3. Mailing Address <b>1690 SOUTH CONGRESS AVE</b> Suite, Apt. #, etc. <b>SUITE 210</b> City & State <b>DELRAY BEACH FL</b> Zip <b>33445</b> Country <b>US</b>
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4. FEI Number <b>65-0561889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND</b> <b>PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MEIER, GARRY E</b> <b>1144 E NEWPORT CTR DR</b> <b>DEERFIELD BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P + D</b> <b>GARRY MEIER</b> <b>SAME AS ABOVE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PETERSON, JON H</b> <b>1144 E NEWPORT CTR DR</b> <b>DEERFIELD FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP + CFO</b> <b>MICHAEL SHARP</b> <b>SAME AS ABOVE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>LEPERT, ROBERT A</b> <b>1144 EAST NEWPORT CTR DRIVE</b> <b>DEERFIELD BEACH FL 33442</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S + EVP</b> <b>RICHARD MASELSKY</b> <b>SAME AS ABOVE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LEPERT, ROBERT A</b> <b>1144 EAST NEWPORT CTR DRIVE</b> <b>DEERFIELD BEACH FL 33442</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T + VP</b> <b>CAROLYN NOONAN</b> <b>SAME AS ABOVE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRANCIS, SCOTT R</b> <b>1144 E NEWPORT CTR DR</b> <b>DEERFIELD BCH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carolyn M. Noonan 4/16/01 8006960856  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)