

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005975

1. Entity Name
SYNADYNE V, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90303 014 ***150.00

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

533086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1690 SOUTH CONGRESS AVE
Suite, Apt. #, etc. SUITE 210
City & State DELRAY BEACH FL
Zip 33445 Country US

3. Mailing Address 1690 SOUTH CONGRESS AVE
Suite, Apt. #, etc. SUITE 210
City & State DELRAY BEACH FL
Zip 33445 Country US

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$150.00
After MAY 1, 2001 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 type="checkbox"/> Delete
NAME	MEIER, GARRY E	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, JON H	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	LEPERT, ROBERT A	
STREET ADDRESS	1144 EAST NEWPORT CTR DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<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 checked="" 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRY MEIER	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	EVP + CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SHARP	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	S + EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MASELSKY	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	T + VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN NOONAN	
STREET ADDRESS	SAME AS ABOVE	
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: Carolyn M. Noonan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
Date

8006960856
Daytime Phone #

CR2E034 (10/00)