

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90003 032 \*\*\*550.00

**DOCUMENT # P95000050346**

1. Entity Name  
**SIU SERVICES, INC.**

Principal Place of Business  
**2101 CORPORATE BLVD.,  
 SUITE 415  
 BOCA RATON FL 33431**

Mailing Address  
**2101 CORPORATE BLVD.,  
 SUITE 415  
 BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0596856**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, KAREN L  
 5737 OKEECHOBEE BLVD.  
 SUITE 201  
 W. PALM BEACH FL 33417**

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 \$550.00  
 After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
 NAME **SZYMONIAK, LYNN E**  
 STREET ADDRESS **2101 CORPORATE BLVD., SUITE 415**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

☐ Delete

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

TITLE **P**  
 NAME **LYLES, JIM**  
 STREET ADDRESS **1201 MAIN STREET #1560**  
 CITY-ST-ZIP **COLUMBIA SC**

☐ Delete

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

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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: *Lynn E Szymoniak*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 561-989-9669

Date

Daytime Phone #

AV 6086200

CR2E034 (5/01)