

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025519

1. Entity Name

SYZGY SOLUTIONS, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90121 018 ***150.00

Principal Place of Business

200 CANAL STREET
TAVERNIER FL 33070
US

Mailing Address

189 S. OCEAN SHORES DRIVE
KEY LARGO FL 33037
US

C0017833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

101425 Overseas Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

610

City & State

City & State

Key Largo

Zip

Country

33037

USA

4. FEI Number 65-0660524

Applied For

Not Applicable

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

HINDELANG, SANDRA
200 CANAL STREET
TAVERNIER FL 33070

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HINDELANG, SANDRA
STREET ADDRESS 200 CANAL STREET
CITY-ST-ZIP TAVERNIER FL 33070 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

1/30/01

Date

Daytime Phone #

CR2E034 (10/00)