

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000091709**1. Entity Name
SYNERGETIC ENVIRONMENTAL SERVICES, INC.

| | |
|---|--|
| Principal Place of Business 8996 SE BRIDGE RD HOBE SOUND FL 33455 | Mailing Address P.O. BOX 470 HOBE SOUND FL 33475 |
|---|--|

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
65-0706913

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

TAUBE HERMAN W III
8203 S.E. CUMBERLAND CIRCLEHOBE SOUND FL
33455 US

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 _____ DATE **05/01/2001**

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 State10. 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 | T | <input type="checkbox"/> Delete |
| NAME | TAUBE HERMAN W III | |
| STREET ADDRESS | 8203 SE CUMBERLAND CIR | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TAUBE HERMAN W III | |
| STREET ADDRESS | 8203 SE CUMBERLAND CIR | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | TAUBE HERMAN W III | |
| STREET ADDRESS | 8203 SE CUMBERLAND CIR | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | TAUBE LISA R | |
| STREET ADDRESS | 8203 SE CUMBERLAND CIR | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| 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 | | |
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| 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: Lisa R. Taube

PT

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)