

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90024 009 ***550.00

DOCUMENT # P97000033985

1. Entity Name

SYMOGRAPHY, INC.



Principal Place of Business

5609 U.S. HIGHWAY 19
SUITE J
NEW PORT RICHEY FL 34652

Mailing Address

5609 U.S. HIGHWAY 19
SUITE J
NEW PORT RICHEY FL 34652-3754

2. Principal Place of Business

38435 North Ave

3. Mailing Address

38435 North Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills F

City & State

Zephyrhills F

4. FEI Number

59-3446979

Applied For

Not Applicable

Zip

33540

Country

FLA

Zip

33540

Country

FLA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EBERLE, LAWRENCE
5609 U.S. HIGHWAY 19
SUITE K
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Lawrence Eberle

Street Address (P.O. Box Number is Not Acceptable)

6765 Copperfield Dr

City

New Port Richey

FL

Zip Code

34655

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

Lawrence Eberle
Signature, typed or printed name of registered agent and title if applicable.

Lawrence Eberle
(NOTE: Registered Agent signature required when reinstating)

9/10/00
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	EBERLE, LAWRENCE	
STREET ADDRESS	6765 COPPERFIELD DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDDLE, WILLIAM	
STREET ADDRESS	39021 11TH AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
TITLE	President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Eberle	
STREET ADDRESS	6765 Copperfield Dr	
CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Riddle	
STREET ADDRESS	39021 11th Ave	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Riddle	
STREET ADDRESS	39021 11th Ave	
CITY-ST-ZIP	Zephyrhills FL 33540	
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:

Lawrence Eberle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/372-0244
Pres/Sec/Dr Lawrence Eberle 9/10/00

Daytime Phone #

CR2E034 (9/99)