

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063874

1. Entity Name

SYNERGY GARAGE DOOR SYSTEMS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90084 038 ***158.75

Principal Place of Business

~~901 SW MARTIN DOWNS BLVD
STE. 201-A
PALM CITY FL 34990~~

Mailing Address

~~901 SW MARTIN DOWNS BLVD
STE. 201-A
PALM CITY FL 34990~~

2. Principal Place of Business

1086 SW BAYSHORE BLVD.

3. Mailing Address

"SAME"



DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL.
34983

City & State

PORT ST. LUCIE, FL.
34983

4. FEI Number

59-3459486

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

Name

LINDA M. SKIPPER

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

1086 SW BAYSHORE BLVD.

City

PORT ST. LUCIE, FL

State

Zip

34983

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

Linda M. Skipper

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

(NOTE: Registered Agent signature required when reinstating)

03/01/00

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	PTD	<input type="checkbox"/> Delete
NAME	SKIPPER, COURTLAND S III	
STREET ADDRESS	3761 SW COQUINA COVE WAY, #208	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SV	<input type="checkbox"/> Delete
NAME	SKIPPER, LINDA M	
STREET ADDRESS	3761 SW COQUINA COVE WAY, #208	
CITY-ST-ZIP	PALM CITY FL 34990	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, COURTLAND S.	
STREET ADDRESS	513 NW WAVERLY CIR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, LINDA M.	
STREET ADDRESS	513 NW WAVERLY CIR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	
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		<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:

Courtland S. Skipper, Pres. 3-1-00 (561)
785-6585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)