## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P97000077738

Mailing Address

660 S. BREVARD AVE., #1541

COCOA BEACH FL 32931

1. Entity Name

SYNERGY PLUS, INC.

Principal Place of Business

COCOA BEACH FL 32931

660 S. BREVARD AVE., #1541



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90040 030 \*\*\*150.00

40000676



2. Principal Place of Business 3. Mailing Addre		3. Mailing Address	······································			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3483673 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name	Name		
BETTEN, LAURA K 1361 BEDFORD DR. MELBOURNE FL 32940			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
the obligati چــِ SIGNATURE	ons of registered agent.		s registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept		
·	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature	required when reinstating) DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, JACQUES H 660 S. BREVARD AVE., #1541 COCOA BEACH FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, LYNN R 660 S. BREVARD AVE., #1541 COCOA BEACH FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP		= T Delete	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied wit	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption states	☐ Change ☐ Addition  If the information of the control of the information of the control of the		

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

783-0536