

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000096264**

1. Entity Name

SYNERGISTIC SOLUTIONS, INC.

Principal Place of Business

**2492 DEL RIO WAY
DUNEDIN FL 34698**

Mailing Address

**2492 DEL RIO WAY
DUNEDIN FL 34698-2016**

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 **59-3480651**

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

**KENDER, JULIE A
2492 DEL RIO WAY
DUNEDIN FL 34698**

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 re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**P
KENDER, JULIE A
2492 DEL RIO WAY
DUNEDIN FL 34698**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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

JULIE A. KENDER

Date

4-29-00

Daytime Phone #

7274603035**FILED**
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90282 018 ***150.00

M

400404



DO NOT WRITE IN THIS SPACE

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

Attachments
 #P97000096264
 768464
 (STATE FILE NUMBER)

11/01/2000 BK 305 PG 8
 KARLEEN F. DE BLAKER, CLERK

1013461

(APPLICATION NUMBER)

APPLICATION TO MARRY						
1. GROOM'S NAME (First, Middle, Last) JOHN EDWARD FOSTER			2. DATE OF BIRTH (Month, Day, Year) 06/08/1967			
3a. RESIDENCE - CITY, TOWN, OR LOCATION DUNEDIN		3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) VIRGINIA		
5a. BRIDE'S NAME (First, Middle, Last) JULIE ANNE KENDER			5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year) 04/19/1968	
7a. RESIDENCE - CITY, TOWN, OR LOCATION DUNEDIN		7b. COUNTY PINELLAS	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) OHIO		
<p>WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.</p>						
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>John Edward Foster</i>			10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/08/2000			
11. TITLE OF OFFICIAL DEPUTY CLERK			12. SIGNATURE OF OFFICIAL (Use black ink) <i>Shirley Wood</i>			
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Julie Anne Kender</i>			14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/08/2000			
15. TITLE OF OFFICIAL DEPUTY CLERK			16. SIGNATURE OF OFFICIAL (Use black ink) <i>Shirley Wood</i>			
LICENSE TO MARRY						
<p>AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.</p>						
17. COUNTY ISSUING LICENSE PINELLAS		18. DATE LICENSE ISSUED 09/08/2000		19. EXPIRATION DATE 11/07/2000		
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Karleen F. De Blaker</i>			20b. TITLE CLERK OF CIRCUIT COURT		20c. BY D.C. <i>sw</i>	
CERTIFICATE OF MARRIAGE						
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.						
21. DATE OF MARRIAGE (Month, Day, Year) Oct. 28, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE Crystal Beach Community Church				
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Paul W. Stake</i>			23c. ADDRESS (Of person performing ceremony) 625 Crystal Beach Ave Crystal Bch FL			
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Dr. Paul W. Stake, Pastor			24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Resulbey Khan</i>			
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Resulbey Khan</i>						
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED						
26. SOCIAL SECURITY NUMBER 463-57-7312		27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 1	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	
30. SOCIAL SECURITY NUMBER 273-70-2261		31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 1	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	
					33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)	

DH Form 743-B April 98 (Replaces Feb. 91 edition)



STATE OF FLORIDA - PINELLAS COUNTY
 I hereby certify that the foregoing is a true copy as the same appears among the records of the County of Pinellas, Florida.
 and of October 20, 2000
 KARLEEN F. DE BLAKER
 Clerk of Circuit Court
 By *Gean Brown*
 Deputy Clerk

Attachment
P97000096264
768464

April 24, 2001

State of Florida Division of Corporations

RE: Profit Corporate Annual Report
Synergistic Solutions, Inc.
FEI# 59-3480651

On April 24, 2001, my accountant called to remind me to pay the annual 2001 Uniform Business Report fee of \$150 before May 1st, 2001. I had not received my form from the State for this fee. I contacted the State of Florida Division of Corporations to get a new form. I was instructed to download the form from the web site www.sunbiz.org. After downloading the form, I had to download and install Adobe Acrobat Reader to view and print the form. My computer did not have enough memory available to install Adobe Acrobat and therefore, I could not view and print the Corporate Annual Report form.

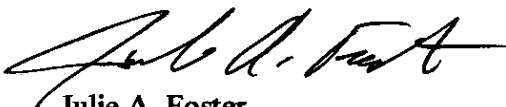
I again contacted the State of Florida Division of Corporations for suggestions. I was instructed to order the form by mail via the answering system at 850-487-6056 and to complete and return the form as soon as I received it via mail.

I was concerned about missing the May 1st deadline due to the wait time for mailing and was instructed by the Division of Corporations to include this letter to describe what had occurred and my willingness to pay the fee.

Please call me with any questions at 727-736-8747. I was married this last October and have changed my last name (this may have caused the previous mis-mailing). I have included a copy of my marriage certificate and request letter for updating my files. All other information is the same.

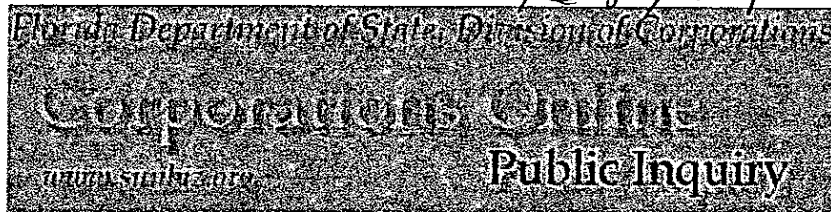
Thank you for your time and understanding.

Sincerely,



Julie A. Foster
Synergistic Solutions, Inc.
2492 Del Rio Way
Dunedin, FL 34698

Attachment
P97000096264
768464



Florida Profit

SYNERGISTIC SOLUTIONS, INC.

PRINCIPAL ADDRESS

2492 DEL RIO WAY
DUNEDIN FL 34698

MAILING ADDRESS

2492 DEL RIO WAY
DUNEDIN FL 34698

Document Number
P97000096264

FEI Number
593480651

Date Filed
11/10/1997

State
FL

Status
ACTIVE

Effective Date
11/04/1997

Registered Agent

Name & Address
KENDER, JULIE A 2492 DEL RIO WAY DUNEDIN FL 34698

Officer/Director Detail

Name & Address	Title
KENDER, JULIE A 2492 DEL RIO WAY DUNEDIN FL 34698	P

Annual Reports

Report Year	Filed Date	Intangible Tax
1998	04/30/1998	Y
1999	05/06/1999	Y
2000	05/16/2000	