

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021329

1. Entity Name

SYNERGISTIC FRAMEWORKS, INC.

Principal Place of Business

Mailing Address

3001 N. ROCKY POINT DR  
STE 200  
TAMPA FL 33607

3001 N. ROCKY POINT DR  
STE 200  
TAMPA FL 33607-5806

2. Principal Place of Business

3. Mailing Address

4500 140<sup>TH</sup> AVE NORTH

4500 140<sup>TH</sup> AVE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207

SUITE 207

City & State

City & State

CLEARWATER, FLORIDA

CLEARWATER, FLORIDA

Zip

Country

Zip

Country

33762

USA

33762

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 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, 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME COLLINS, DOUGLAS J

STREET ADDRESS 6836 20TH STREET SOUTH

CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Delete

NAME BEAVER, STEVEN P

STREET ADDRESS 420 -39TH AVE

CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS PO Box 155

CITY-ST-ZIP OZONA, FL 34660

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

727-535-6500

Daytime Phone #

CR2E034 (9/99)