

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034086

1. Entity Name

SYMMETRY SYSTEMS, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90001 004 ***158.75

Principal Place of Business

12850 JULINGTON FOREST DR. EAST
JACKSONVILLE FL 32258

Mailing Address

12850 JULINGTON FOREST DR. EAST
JACKSONVILLE FL 32258-2294

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3507655

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, GREGORY
12850 JULINGTON FOREST DR. EAST
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
32258

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)

3/12/2000

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 ☒ Delete
NAME CHUHRAN, PETER
STREET ADDRESS 5913 WATERELM LN
CITY-ST-ZIP CHARLOTTE NC 28269

TITLE ☐ Delete
NAME GOODWIN, GREGORY
STREET ADDRESS 12850 JULINGTON FOREST DR. EAST
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Delete
NAME TAULER, NARCISO M
STREET ADDRESS 8787 SOUTHSIDE BLVD. #4914
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME TYRE, LONNIE R
STREET ADDRESS 902 LAKERIDGE DR
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Jacksonville, FL 32258
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8787 Southside Blvd., # 6203
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D Charlie Bender
STREET ADDRESS 6404 Mallards Way
CITY-ST-ZIP Coconut Creek, FL 33073

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:

Gregory Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2000

DATE

904-612-7727

DAYTIME PHONE #

CR2E034 (9/99)