

5/11/00-90336-001-\$300.00-\$150.00

APPROVED
AND
FILED

lg/afz

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084078

1. Entity Name

ENTROPIC SYNERGY, INC.

00 NOV -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13246

Principal Place of Business Mailing Address
NO. RIDGEWOOD AVE. 632 NO. RIDGEWOOD AVE.
BEACH FL 32114 DAYTONA BEACH FL 32114-2100

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 59-3541326

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUMBERSON, J. DOYLE
150 SO. PALMETTO AVE.
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

[Signature]

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]* Date: 5/30/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (0/00)

ENTROPIC SYNERGY, INC.

632 N. RIDGEWOOD AVENUE

DAYTONA BEACH, FL 32114

(904) 252-1109

FAX (904) 252-2384

rg. 2002

23 October 2000

Michelle Milligan
Division of Corporations
Florida Department of State
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

RE: P98000084078, Entropic Synergy, Inc.

Dear Ms. Milligan:

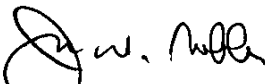
Per our telephone conversation of 17 October 2000, enclosed are copies of our past mailings to you regarding the above referenced corporation. Such copies should verify for you that we have filed our annual report with you properly.

We are also requesting that you waive any additional fees and/or fines because we feel that we have filed and processed the annual report properly.

If you have any additional questions, please contact me.

Sincerely,

Entropic Synergy, Inc.



Jon W. Robbins
President