

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90007 014 ***158.75

DOCUMENT # P98000087826

1. Entity Name
SYNERGETICS SOFTWARE, INC.

Principal Place of Business

~~6463 RUBIA CIR~~
~~APOLLO BEACH FL 33572~~

Mailing Address

~~6463 RUBIA CIR~~
~~APOLLO BEACH FL 33572~~

2. Principal Place of Business

7412 TRANSOM COURT

Suite, Apt. #, etc.

3. Mailing Address

7412 TRANSOM COURT

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip
33607

Country

USA

City & State

TAMPA FL

Zip
33607

Country

USA

4. FEI Number

59-2240171

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, H E III

~~6463 RUBIA CIR~~

~~APOLLO BEACH FL 33572~~

7412 TRANSOM COURT

TAMPA, FL 33607

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 **H.E. WARREN III, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

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, 2002 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 **D** ☐ Delete
NAME **WARREN, H E III**
STREET ADDRESS ~~6463 RUBIA CIR~~ **7412 TRANSOM COURT**
CITY-ST-ZIP ~~APOLLO BEACH FL 33572~~ **TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **H.E. WARREN III, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 813-289-4433

CR2E034 (9/01)