

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013493

1. Entity Name

DIGITAL SYNERGY, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90065 039 \*\*\*150.00

Principal Place of Business

Mailing Address

920 SW 2ND PLACE  
POMPANO BEACH FL 33069

920 SW 2ND PLACE  
POMPANO BEACH FL 33069-3218

2. Principal Place of Business

4035 S.W. 15TH ST. # F203

3. Mailing Address

4035 S.W. 15TH ST. # F203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

4. FEI Number

65-0892460

Applied For

Not Applicable

Zip

33069

Country

Zip

33069

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
2843 THAXTON DR., #37  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name DUANE ROOP

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

4035 S.W. 15TH ST. # F203

City POMPANO BEACH

FL

Zip Code 33069

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

11. OFFICERS AND DIRECTORS

TITLE P  
NAME ROOP, DUANE  
STREET ADDRESS 920 SW 2ND PLACE  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME ROOP, DUANE  
STREET ADDRESS 4035 S.W. 15TH ST. # F203  
CITY-ST-ZIP POMPANO BEACH, FLORIDA 33069 ☒ Change ☐ Addition

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

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

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

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

TITLE  
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

Date

Daytime Phone #

CR2E034 (9/99)