

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025441

1. Entity Name  
SYMETREK DESIGNS, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
P.O. BOX 82516  
TAMPA FL 33682

Mailing Address  
P.O. BOX 82516  
TAMPA FL 33682

2. Principal Place of Business  
15008 Wintewind Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa FL

City & State

Zip  
33624

Country  
USA

Zip

Country

REINSTATEMENT

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEALY, JOHN K III  
15215 LIVINGSTON AVE #79  
TAMPA FL 33459

Name  
John K. Nealy, III  
Street Address (P.O. Box Number is Not Acceptable)  
15008 Wintewind Dr

City  
Tampa FL Zip Code  
33624

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
John K. Nealy, III  
15008 Wintewind Dr.  
Tampa, FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003493290-5  
-12/11/00--01036--007  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Kumika Nealy  
15008 Wintewind Dr.  
Tampa, FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

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] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/2000  
Date

813-758-7505  
Daytime Phone #

CR2E034 (5/00)