2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000030233** May 13, 2000 8:00 am Secretary of State S.T.S CYNERGY, INC. 05-13-2000 90044 041 ***150.00 Principal Place of Business Mailing Address 3601 SWANN AVE 3601 SWANN AVE SUITE 206 SUITE 206 TAMPA FL 33609-4530 **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3601534 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, FERNANDO III Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD **SUITE 3200 TAMPA FL 33602** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change X Addition TITLE Delete Jean-Claude Jadot NAME NAME STREET ADDRESS STREET ADDRESS Place 38 CITY-ST-ZIP CITY-ST-7IP Petit-Enghien, Belgium B-7850 ☐ Delete TITLE TITLE Sebastian Jadot NAME STREET ADDRESS STREET ADDRESS 3601 Swann Ave CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33609 TITLE ☐ Delete TITLE NAME NAME Chris Vanden Houden STREET ADDRESS STREET ADDRESS Industrielaan 17A,3e Industiezone CITY-ST-ZIP CITY-ST-ZIP Erembodegem, Belgium B-9320 ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the propowered.

SIGNATURE:

Vice Pres.
Serby Setan Ryper of Parties have of Signing Officer on Director

4/28/2000

813-872-0203

Daytime Phone #