2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044281 1. Entity Name

SYNERGY MORTGAGE SOLUTIONS INC.

FILED Sep 06, 2000 8:00 am Secretary of State

05-09-2000 90013 040 ***158.75 08-23-2000 90029 026 ***550 00

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Principal Plac	e of Busines	S	Mailing Address								
1070 E INDIANTOWN RD. SUITE 410			1070 E INDIANTOWN RD. SUITE 410			↓ ጕ					
JUPITER FL 3	3477		JUPITER FL 33477								
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			7			EL ARBOTE MARKE	KURLUKU KAL	
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City & State			City & State			4. i	FE! Number		Ar	plied For]
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Zip Country			Zip Coun		try	1.	5. Certificate of Status Desired S8.75 Additional]
•						5. Certificate of status Desired Fee Required					_
<u> </u>	6. Name	and Address of Current Re	gistered Agent			· ~~ 7.~ I	Name and Address of New Re	istered Ac	pent — —		} ~~
	·				Name		•				1
BUONO, MICHAEL J					Street Address (P.O. Box Number is Not Acceptable)						1
107	O E INDIAN	ITOWN RD, SUITE 410	Street Av			doress (P.O. Box Number is Not Acceptable)					
	ATTER FL 33										1
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								FL	Zip Cod	6	ļ
				·	<u> </u>		and the Court of Park	4-	<u> </u>		┨
8. The above	named entity	y submits this statement for t	he purpose of changing its	registen	ed office or regist	ered ag	ent, or both, in the State of Florid	Ja.	-		ı
	- A	1 Rose									1
SIGNATURE .	_/47	prisho_		372 1				DATE			
	Signature, produ	or printed name of registered agent and	title if applicable. (NOTI	E: Registere	d Agent signature requir	ec when he	Ministering)	LIATE			-
9. This corpo	rainen is eligi	ible to satisfy its intangible	FILE NOW!	II FEE	IS \$550.00		10. Election Campaign Finar	ocina	és o	O May Be	
Tex filing r	equirement a	and elects to do so.	After SEPTEMBER 1				Trust Fund Contribution.		Added	to Fees	ļ
(See criter	ria on back)	□	Make Check Payab	ie to D	partment of St						j
11.		OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND [DIRECTOR	S IN 11]_
TITLE	<u> </u>		☐ Delete	TITL			-		Change	Addition	CR2E034 (5/00)
NAME	BUONO, MICHAEL J				E						15
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Thereby certify that the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i), Pronda Statutes. 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:

KOKREQUIRED

Daytime Phone #