

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000066883**

1. Entity Name

CENTER FOR SYNERGISTIC AWARENESS COUNSELING INC.

Principal Place of Business

2221 MCMAHON CT.

ORLANDO
32812

FL

Mailing Address

2221 MCMAHON CT.

ORLANDO
32812

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3592064

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWILENSKY KERRY D
2221 MCMAHON CT.ORLANDO FL
32812 US**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

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

(NOTE: Registered Agent signature required when reinstating)

02/27/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**T.TITLE ☐ Change ☒ Addition
NAME
VP
SCHWARTZ CAROLE PMS.
STREET ADDRESS
672 POST OAK CIRCLE UNIT 106
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32701T.TITLE ☐ Change ☒ Addition
NAME
PRES
WILENSKY KERRY DMR.
STREET ADDRESS
2221 MCMAHON CT
CITY-ST-ZIP
ORLANDO FL 32812T.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition
NAME
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: Carole P. Schwartz

VP

02/27/2000