

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067716

1. Entity Name

SYNTHETIC SURFACE STRATEGIES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90074 002 ***158.75

Principal Place of Business

Mailing Address

4090 HODGES BLVD. SUITE 3401
 JACKSONVILLE FL 32224

4090 HODGES BLVD. SUITE 3401
 JACKSONVILLE FL 32224-4231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10550 BAYMEADOWS RD.

12620-BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

620

231

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32256

FL

32246

FL

4. FEI Number

59-3592158

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

GERSON, HERBERT
 4090 HODGES BLVD. SUITE 3401
 JACKSONVILLE FL 32224

NEW →

Name

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

10550 BAYMEADOWS RD.

SUITE 620

City

JACKSONVILLE

FL

Zip Code

32256

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

Herbert Gerson

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

(NOTE: Registered Agent signature required when reinstating)

3/22/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON, HERBERT	NAME	
STREET ADDRESS	4090 HODGES BLVD. SUITE 3401	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON, JUDITH	NAME	
STREET ADDRESS	4090 HODGES BLVD. SUITE 3401	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON, SETH	NAME	
STREET ADDRESS	4090 HODGES BLVD. SUITE 3401	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON, ADAM	NAME	
STREET ADDRESS	4090 HODGES BLVD. SUITE 3401	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

Herbert Gerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

DATE

904-363-6446

DAYTIME PHONE #

CR2E034 (9/99)