

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90271 017 ***158.75

DOCUMENT # **P99000067716**

1. Entity Name
SYNTHETIC SURFACE STRATEGIES, INC.

Principal Place of Business 10550 BAYMEADOWS RD 620 JACKSONVILLE FL 32256	Mailing Address 12620 BEACH BLVD 231 JACKSONVILLE FL 32246
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645035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

City & State

4. FEI Number **59-3592158** Applied For (Not Applicable)

Zip Country

5. Certificate of Status Des rec \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSON, HERBERT
 10550 BAYMEADOWS RD
 SUITE 620
 JACKSONVILLE FL 32256**

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

4/20/01

Signature typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when making change)

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, 2001 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 '01

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete GERSON, HERBERT 4090 HODGES BLVD. SUITE 3401 JACKSONVILLE FL 32224	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10550-620 BAYMEADOWS RD. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete GERSON, JUDITH 4090 HODGES BLVD. SUITE 3401 JACKSONVILLE FL 32224	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10550-620 BAYMEADOWS RD. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete GERSON, SETH 4090 HODGES BLVD. SUITE 3401 JACKSONVILLE FL 32224	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10550-620 BAYMEADOWS RD. JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4/20/01 904-363-6446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)