

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90224 025 ***150.00

DOCUMENT # P99000073250

1. Entity Name
SUPPLEMENT SYNERGY, INC.



Principal Place of Business

532 S. ECON CIRCLE
SUITE 160
OVIEDO FL 32765

Mailing Address

532 S. ECON CIRCLE
SUITE 160
OVIEDO FL 32765

2. Principal Place of Business

572 S. ECON CR

Suite, Apt. #, etc.

SUITE 120

City & State

OVIEDO FLORIDA

Zip

32765

Country

USA

3. Mailing Address

572 S. ECON CR

Suite, Apt. #, etc.

SUITE 120

City & State

OVIEDO FLORIDA

Zip

32765

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3597001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A
237 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAVAS, JOSEPH	
STREET ADDRESS	1204 ROYAL OAK DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WORRELL, NICK L	
STREET ADDRESS	1040-BROKDALE TR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH N. SAVAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03
Date

407.971.6011
Daytime Phone #

CR2E034 (10/02)