FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91563 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099272

1. Entity Name
Synergy Homes, Inc.

DO NOT WRITE IN THIS SPACE

U4AOU4

2. Principal Place of Business	3. Mailing Address
11533 KANUBA CT.	11533 KANUBA CT.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: CLERMONT, FLORIDA	City & State: CLERMONT, FLORIDA
Zip: 34711 — County: LAKE	Zip: 34711 — County: LAKE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3619940 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ed Jordan P.A.

Street Address (P.O. Box Number is Not Acceptable): 13543 E Highway 50

City: CLERMONT, FLORIDA FL Zip Code: 34711

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President / Treasurer
NAME	ROBERT J. BROWN
STREET ADDRESS	11633 KANUBA CT.
CITY-ST-ZIP	CLERMONT, FLORIDA
TITLE	Michelle Brown - VP/Sec.
NAME	11533 KANUBA CT.
STREET ADDRESS	CLERMONT, FL. 34711
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: President 4/8/02