

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 949000105870

1. Entity Name

SPHYRNA, INC.

FILED

05 APR 27 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4860 Six Oaks Lane

Suite, Apt. #, etc.

3. Mailing Address

4860 Six Oaks Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-3612691

Applied For

Not Applicable

Zip
32303

Country
USA

Zip
32303

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William Leffler

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

3614 Deer Hill Trail

Mail to: P. O. Box 731, Tallahassee, FL 32302

City Tallahassee

FL

Zip, Code
32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/2005

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD==
Anton W. Madjuek
2398 Omro Road
Oshkosh, Wisconsin 54904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100054121181
05/10/05--01004--015 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
Rogers, Jerry
4960 Six Oaks Lane
Tallahassee, Florida 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

T. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Roberts

APR 27 2005

4/18/05
Date

8509331424
Daytime Phone #

CR2E034B (12/01)