

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52143

1. Entity Name

SYNERGY ADVERTISING & DESIGN, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90144 001 ***150.00

0041681 AV

Principal Place of Business

1226 E 7TH AVE
 TALLAHASSEE FL 32303
 US

Mailing Address

1226 E 7TH AVE
 XXXXXXXX
 TALLAHASSEE FL 32303
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3133136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEATHINGTON, MARY F
 512 SOUTH RIDE
 TALLAHASSEE FL 32303

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME ☐ Delete
 PMDT WEATHINGTON, MARY F
 STREET ADDRESS 512 SOUTH RIDE
 CITY-ST-ZIP TALLAHASSEE FL

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 VPSD LOCASTRO, JOHN
 STREET ADDRESS 2325 KILLARNEY WAY
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 D WEATHINGTON, CARL
 STREET ADDRESS 512 SOUTH RIDE
 CITY-ST-ZIP TALLAHASSEE FL

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 D LOCASTRO, DIANE
 STREET ADDRESS 2325 KILLARNEY WAY
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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:

Mary Frances Weathington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Frances Weathington 3/25/02 350-513-1900

Date

Daytime Phone #

CR2E034 (9/01)