

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90553 011 ***150.00

DOCUMENT # V53630

1. Entity Name
CYNTH, INC.



Principal Place of Business
3270 OLEANDER WAY
POMPANO BEACH FL 33062

Mailing Address
3270 OLEANDER WAY
POMPANO BEACH FL 33062

(ANNEXATION CHANGE OF ADDRESS)



2. Principal Place of Business

3. Mailing Address

3270 OLEANDER WAY

LAUDERDALE BY THE SEA

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

Zip

Country

33062

FLORIDA

4. FEI Number 65-0350455

Applied For
Not Applicable

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

GAGLIANO, CYNTHIA A.
3270 OLEANDER WAY
POMPANO BEACH FL 33062

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

(CHANGE OF ADDRESS DUE TO ANNEXATION)

9. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GAGLIANO, CYNTHIA A.**
STREET ADDRESS **3270 OLEANDER WAY**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **NOW** ☒ Change ☐ Addition
NAME **LAUDERDALE BY THE SEA**
STREET ADDRESS **33062**
CITY-ST-ZIP **33062**

TITLE **D** ☐ Delete
NAME **GAGLIANO, WILLIAM A.**
STREET ADDRESS **3270 OLEANDER WAY**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME **LAUDERDALE BY THE SEA**
STREET ADDRESS **33062**
CITY-ST-ZIP **33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

CR2E034 (10/02)