

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90026 021 ***150.00

DOCUMENT # V73675

1. Entity Name
SYZYG, INC.

Principal Place of Business 709 TRADEWINDS DRIVE INDIAN HARBOUR BEACH FL 32937	Mailing Address P.O. BOX 372549 SATELLITE BEACH FL 32937 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3165616** 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

**JACOBY, KENNETH N., P.A.
 1423 SOUTH PATRICK DRIVE
 SATELLITE BEACH FL 32937**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SCHMIDT, BERT		
709 TRADEWINDS DRIVE	709 TRADEWINDS DRIVE		
INDIAN HBR BEACH FL	INDIAN HBR BEACH FL		
V	SPLINTER, WILLIAM		
4801 BRIDLE LANE	4801 BRIDLE LANE		
LONCOLN NE	LONCOLN NE		
TS	SCHMIDT, CAROL		
970 LOGGERSHED ISLAND DRIVE	970 LOGGERSHED ISLAND DRIVE		
SATELLITE BEACH FL	SATELLITE BEACH FL		

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: *Bert Schmidt* 4/15/2001 321-243-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)