

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90065 015 ***150.00

DOCUMENT # P98000104367

1. Entity Name
CYBERAGE ENTERPRISES, INC.

Principal Place of Business Mailing Address
P.O. BOX 427 **P.O. BOX 427**
THONOTOSASSA FL 33592 **THONOTOSASSA FL 33592**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3551984		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MATSON, CHARLES T 9401 GRANDFIELD ROAD, APT-A <i>12626 ROCKRIDGE CIR</i> THONOTOSASSA FL 33592				Name <i>MATSON, CHARLES T.</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>12626 ROCKRIDGE CIR</i>			
				City <i>THONOTOSASSA</i>		FL	

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, CHARLES T		NAME	<i>MATSON, CHARLES T.</i>	
STREET ADDRESS	9401 GRANDFIELD RD, APT-A <i>12626 ROCKRIDGE CIR</i>		STREET ADDRESS	<i>12626 ROCKRIDGE CIR</i>	
CITY-ST-ZIP	THONOTOSASSA FL 33592		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, CHARLES T		NAME		
STREET ADDRESS	9401 GRANDFIELD RD, APT-A <i>12626 ROCKRIDGE CIR</i>		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, LOLITA K		NAME		
STREET ADDRESS	3587 GOLDSMITH RD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34602		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Charles T. Matson* **CHARLES T. MATSON** 4/18/02 813-986-2476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)