

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000030597**

1. Entity Name

CyberNet Global, Inc.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90020 005 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1807 Oak Ridge Rd.

Suite, Apt. #, etc.

3. Mailing Address

1807 Oak Ridge Rd.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34695

Country

USA

Zip

34695

Country

USA

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

Name

Michael W. Fields

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

1807 Oak Ridge Rd.

City

Safety Harbor, FL

FL

Zip Code

34695

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

9-6-00

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, 2000 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 ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

President

Michael W. Fields

STREET ADDRESS

1807 Oak Ridge Rd.

CITY - ST - ZIP

Safety Harbor, FL 34695

TITLE ☐ Change ☐ Addition

NAME

Vice President

Shannon M. Fields

STREET ADDRESS

1807 Oak Ridge Rd.

CITY - ST - ZIP

Safety Harbor, FL 34695

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Fields 9/6/00

Date

Daytime Phone #

727-469-8463

CR2E034 (9/99)