

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030597

1. Entity Name
CYBERNET GLOBAL, INC.

Principal Place of Business
1807 OAK RIDGE RD
SAFETY HARBOR FL 34695

Mailing Address
1807 OAK RIDGE RD
SAFETY HARBOR FL 34695

2. Principal Place of Business
12437 Lake Sovita Blvd
Suite, Apt. #, etc.

3. Mailing Address
12437 Lake Sovita Blvd.
Suite, Apt. #, etc.

City & State
Dade City, FL
Zip
33525
Country
USA

City & State
Dade City, FL
Zip
33525
Country
USA

4. FEI Number
59-366-8235
APPLIED FOR
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, MICHAEL W
1807 OAK RIDGE ROAD
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name
Fields, Michael W
Street Address (P.O. Box Number is Not Acceptable)
12437 Lake Sovita Blvd.
City
Dade City FL Zip Code
33525

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 *Michael W. Fields* Michael W. Fields 1-10-01
Signature, typed or printed name of registered agent and fee 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, 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

TITLE P	NAME FIELDS, MICHAEL	☐ Delete
STREET ADDRESS 1807 OAK RIDGE RD		
CITY-ST-ZIP SAFETY HARBOR FL 34695		
TITLE VP	NAME FIELDS, SHANNON	☐ Delete
STREET ADDRESS 1807 OAK RIDGE RD		
CITY-ST-ZIP SAFETY HARBOR FL 34695		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	NAME Fields, Michael W.	☒ Change ☐ Addition
STREET ADDRESS 12437 Lake Sovita Blvd		
CITY-ST-ZIP Dade City, FL 33525		
TITLE VP	NAME Fields, Shannon M.	☒ Change ☐ Addition
STREET ADDRESS 12437 Lake Sovita Blvd		
CITY-ST-ZIP Dade City, FL 33525		
TITLE	NAME	☐ Change ☐ Addition
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: *Michael W. Fields* Michael W. Fields 1-10-01 352-588-4080
Signature and typed or printed name of signing officer or director Date Daytime Phone #

APPROVED
AND
FILED

FILED 5 AM 8:52
01-13-2001-90061 040 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HUUU4JDU



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)