

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 08:00 AM
Secretary of State

DOCUMENT # 827021

1. Entity Name
CYBERNETICS & SYSTEMS, INC.

Principal Place of Business
550 WATER ST.
S/C J 160
JACKSONVILLE
32202
US

Mailing Address
500 WATER ST
S/C J-160
JACKSONVILLE
32202
US

2. Principal Place of Business
550 WATER ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE
FL

City & State

4. FEI Number
61-0678576

Applied For
Not Applicable

Zip
32202

Country
US

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

AFTOORA PATRICIA J
500 WATER STREET, 14TH FLOOR

JACKSONVILLE
32202
US

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 _____ **03/26/2001**
Signature, typed or printed name of registered agent and title 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PRICE J THH	
STREET ADDRESS			STREET ADDRESS	301 WEST BAY STREET	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete	TITLE	VPCS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	AFTOORA PATRICIA J	
STREET ADDRESS			STREET ADDRESS	500 WATER STREET	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WODEHOUSE C. J. O.		NAME	WODEHOUSE C. J. O.	
STREET ADDRESS	550 WATER ST		STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN M. P.		NAME	TUTEN E T	
STREET ADDRESS	550 WATER ST		STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIZZA R. D.		NAME	LUMAN C D	
STREET ADDRESS	550 WATER ST		STREET ADDRESS	550 WATER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP	JACKSONVILLE FL 32202	
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: Patricia J. Aftoora VP **03/26/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)