

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91195 028 ***150.00

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DOCUMENT # F01000006499



1. Entity Name
CYENCE INTERNATIONAL USA INC.

Principal Place of Business
**11460 NINTH STREET
TREASURE ISLAND FL 33706**

Mailing Address
**11460 NINTH STREET
TREASURE ISLAND FL 33706**

2. Principal Place of Business
5959 CENTRAL AVENUE

3. Mailing Address
5959 CENTRAL AVENUE

Suite, Apt. #, etc.
SUITE 103

Suite, Apt. #, etc.
SUITE 103

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33710

Country
US

Zip
33710

Country
US

4. FEI Number
59-3760087

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** Delete
NAME **MCINTOSH, GREG**
STREET ADDRESS **5515 NORTH SERVICE ROAD WEST, SUITE 200**
CITY-ST-ZIP **BURLINGTON, ONT., CANADA**

Change Addition
TITLE
NAME
STREET ADDRESS **5515 NORTH SERVICE RD. SUITE 200**
CITY-ST-ZIP **BURLINGTON, ON., L7L 6G4 CANADA**

TITLE **V** Delete
NAME **CUMBY, MICHAEL**
STREET ADDRESS **11460 NINTH STREET**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

Change Addition
TITLE
NAME
STREET ADDRESS **5959 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15/2003 (905) 331-9105

Date Daytime Phone #

CR2E034 (10/02)