

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000004724**1. Entity Name
CYBERSENTRY, INC.

Principal Place of Business 412 EAST MADISON STREET, STE 1200 TAMPA FL 33602	Mailing Address 412 EAST MADISON STREET, STE 1200 TAMPA FL 33602
--	--

2. Principal Place of Business 412 EAST MADISON STREET	3. Mailing Address 412 EAST MADISON STREET, STE 1200
---	---

Suite, Apt. #, etc. SUITE 1200	Suite, Apt. #, etc.
-----------------------------------	---------------------

City & State TAMPA FL	City & State TAMPA FL
--------------------------	--------------------------

Zip 33602	Country US	Zip 33602	Country US
--------------	---------------	--------------	---------------

4. FEI Number 22-3626108	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNRAI SERVICES
526 E. PARK AVENUE

TALLAHASSEE FL 32301 US**7. Name and Address of New Registered Agent**Name
SHANKLAND HAL
Street Address (P.O. Box Number is Not Acceptable)
412 E MADISON ST
SUITE 1200
City
TAMPA FL Zip Code
32301

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 **HAL SHANKLAND****04/27/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHF DEVORE JIM 412 E. MADISON ST. #1200 TAMPA FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING ED JR 1126 BROADWAY, PO BOX 367 WEST LONG BRANCH NJ 07764 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONKLIN FRANK 97 CHURCH RD. EASTON CT 06612 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAKER GIL 1 LABRIOLA CT. ARMONK NY 10504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHANKLAND HAL 412 EAST MADISON STREET, STE 1200 TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRISTAN FRANK 43 DESHON AVE. BRONXVILLE NY 10708 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMINSKI WALTER R PLZ MASHILL 14 FL JL JEND SUDIRMAN KAV 25 JAKARTA SELATAN SE 12920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DEVORE JAMES 412 EAST MADISON STREET, STE 1200 TAMPA FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHANKLAND HAL 412 E MADISON ST SUITE 1200 TAMPA FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: JAMES A DEVORE**S****04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)