

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016256

1. Entity Name

CYBERSMART TECHNICAL TRAINING, LLC

Principal Place of Business

Mailing Address

7020 A. C. Skinner Pkwy., #180
Jacksonville, FL 32256

(same)

FILED

01 JUN -7 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

7020 A C Skinner Pkwy

3. Mailing Address

7020 A C Skinner Pkwy

Suite, Apt. #, etc.

Suite 180

Suite, Apt. #, etc.

Suite 180

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

Duval

Zip

32256

Country

Duval

4. FEI Number

59-3691483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Caliope J. Mastrovaselis
7020 A C Skinner Pkwy
Suite 180
Jacksonville, FL 32256

Jonathan L. Hay
P.O. Box 40749 (32203)
1548 Lancaster Terrace
Jacksonville, FL 32204

7. Name and Address of New Registered Agent

Name

Caliope J. Mastrovaselis

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

7020 A C Skinner Pkwy

Suite 180

City

Jacksonville

FL

Zip Code
32256

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

Caliope J. Mastrovaselis

Caliope J. Mastrovaselis

5/31/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Secretary
C. J. Mastrovaselis
1791 Long Slough Walk
Orange Park, FL 32073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Treasurer
Adair B. Harris
8041 Pine Lake Road
Jacksonville, FL 32256

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

100004420351--0
-06/14/01--01091--012
*****50.00 *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Adair B. Harris, VP

Adair B. Harris

4/30/01

904-281-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)