

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000008870

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: CYBER OPERATIONS LLC

Current Principal Place of Business:

1070 E. INDIANTOWN RD.
SUITE 400
JUPITER, FL 334775150

New Principal Place of Business:

Current Mailing Address:

1070 E. INDIANTOWN RD.
SUITE 400
JUPITER, FL 334775150

New Mailing Address:

FEI Number: 65-0969049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FECHTMAYER, PHIL
1070 E. INDIANTOWN RD.
SUITE 400
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LUKASIK, RANDY
Address: 20501 PHILADELPHIA WAY
City-St-Zip: EAGLE RIVER, AK 99577

Title: MGRM () Delete
Name: GROVES, JAMES
Address: 180 BARBADOS
City-St-Zip: JUPITER, FL 32966

Title: MGRM () Delete
Name: FECHTMAYER, PHIL
Address: 2359 TREASURE ISLE DR., #30
City-St-Zip: PALM BEACH, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FECHTMAYER, PHIL
Address: 2359 TREASURE ISLE DR., #30
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHIL FECHTMAYER

MGRM

01/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date