

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000372

1. Entity Name  
CYBERMARK L.L.C.

APPROVED  
AND  
ENTILED  
00 APR 18 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4171 ARLINGATE PLAZA  
COLUMBUS OH 43228

Mailing Address  
4171 ARLINGATE PLAZA  
COLUMBUS OH 43202-1142

2. Principal Place of Business  
3400 N HIGH ST  
Suite, Apt. #, etc.  
SUITE 240

3. Mailing Address  
3400 N HIGH ST  
Suite, Apt. #, etc.  
SUITE 240

City & State  
COLUMBUS OH  
Zip  
43202  
Country  
USA

City & State  
COLUMBUS OH 43202  
Zip  
43202  
Country  
USA

mnmm

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1478386

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARY, BETH M  
5801 PELICAN BAY BLVD., STE 300  
NAPLES FL 34108-2709

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 \_\_\_\_\_ (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

10. ADDITIONS/CHANGES

TITLE NAME MGR GRAHAM, JAMES B  
STREET ADDRESS 4171 ARLINGATE PLAZA  
CITY-ST-ZIP COLUMBUS OH 43228

TITLE NAME  
STREET ADDRESS 11600 SUNRISE VALLEY DR  
CITY-ST-ZIP RESTON VA 20191

TITLE NAME MGR MILLER, PAULA L  
STREET ADDRESS 4171 ARLINGATE PLAZA  
CITY-ST-ZIP COLUMBUS OH 43228

TITLE NAME  
STREET ADDRESS 3400 N HIGH ST SUITE 240  
CITY-ST-ZIP COLUMBUS OH 43202

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS 100003238201  
CITY-ST-ZIP -05/03/00--01133--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 6/4-268-3188  
Daytime Phone #

CR2E013 (9/93)