

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000008429**1. Entity Name
CYBER - MOTION TRAIN-ING INC.Principal Place of Business
6020 NORTH 37 STREET
TAMPA FL 33610Mailing Address
6020 NORTH 37 STREET
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ACCOUNTING & BOOKKEEPING BY COLICO
3606 CENTRAL AVEST PETERSBURG FL
33711 US

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 _____ **04/12/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE D ☐ Delete
NAME STOKES LINDA
STREET ADDRESS 6714 1/2 WILLOW AVE
CITY-ST-ZIP TAMPA FL 33604TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MYRICK TIMOTHY
STREET ADDRESS 6020 NORTH 37 STREET
CITY-ST-ZIP TAMPA FL 33610TITLE ☒ Change ☐ Addition
NAME STRICKLAND MICHAEL K
STREET ADDRESS 3008 E. JEAN STREET
CITY-ST-ZIP TAMPA FL 33610TITLE D ☐ Delete
NAME GRAY CARLETH
STREET ADDRESS 5100 BURCHETT RD
CITY-ST-ZIP TAMPA FL 33647TITLE ☒ Change ☐ Addition
NAME GRAY CARLETHA
STREET ADDRESS 5100 BURCHETT RD
CITY-ST-ZIP TAMPA FL 33647TITLE D ☐ Delete
NAME PADGETT SHEILA
STREET ADDRESS 2108 LEMON STREET
CITY-ST-ZIP TAMPA FL 33606TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MYRICK TSCHARNER
STREET ADDRESS 6020 N 37 STREET
CITY-ST-ZIP TAMPA FL 33610TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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)(f), 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 617, 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: TSCHARNER E. MYRICK**D****04/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)