

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000789

1. Entity Name

SYBRIX COMPUTING & TECHNOLOGY GROUP, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90010 020 ****61.25

Principal Place of Business

Mailing Address

707 N. ALAFAYA TRAIL
SUITE 401
ORLANDO FL 32828

707 N. ALAFAYA TRAIL
SUITE 401
ORLANDO FL 32828

2. Principal Place of Business

14954 Lady Victoria Blvd

3. Mailing Address

14954 Lady Victoria Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando Florida

City & State

Orlando FL

Zip

32826

Country

US

Zip

32826

Country

U.S

4. FEI Number

59-3697113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SOLOMON JR.
3212 ARDEN VILLAS BOULEVARD
APARTMENT 4
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name: Williams, Solomon Jr
Street Address (P.O. Box Number is Not Acceptable):
14954 Lady Victoria Blvd
~~Orlando FL 32826~~
City: Orlando FL Zip Code: 32826

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

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

TITLE: D ☐ Delete
NAME: WILLIAMS, SOLOMON JR.
STREET ADDRESS: 3212 ARDEN VILLAS BLVD., APT. R
CITY-ST-ZIP: ORLANDO FL 32817

TITLE: D ☐ Delete
NAME: BAILEY, MICHUN
STREET ADDRESS: 3212 ARDEN VILLAS BLVD., APT. R
CITY-ST-ZIP: ORLANDO FL 32817

TITLE: D ☐ Delete
NAME: WILLIAMS, SOLOMON SR.
STREET ADDRESS: POST OFFICE BOX 237
CITY-ST-ZIP: GRETN FL 32332

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☒ Change ☐ Addition
NAME: Williams, Solomon Jr
STREET ADDRESS: 14954 Lady Victoria Blvd
CITY-ST-ZIP: Orlando FL 32826

TITLE: D ☒ Change ☐ Addition
NAME: Williams, Michun
STREET ADDRESS: 14954 Lady Victoria Blvd
CITY-ST-ZIP: Orlando FL 32826

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

407-380-6033

Daytime Phone #

CR2E037 (9/01)