

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**  
 04-18-2002 90350 011 \*\*\*150.00

**DOCUMENT # P00000008489**

1. Entity Name  
**CYBERTOWN COMMUNICATIONS CORP.**

Principal Place of Business  
**8 LIBRARY LN  
 TARPON SPRINGS FL 34689**

Mailing Address  
**23 E TARPON AV  
 TARPON SPRINGS FL 34689**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3626682**

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

**KLIMIS, GEORGE N  
 30 NORTH RING AVENUE  
~~SUITE 400~~  
 TARPON SPRINGS FL 34689**

Name  
**George N. Klimis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**23 E. Tarpon Avenue**  
 City  
**Tarpon Springs** **FL** Zip Code  
**34689**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **DPS** ☐ Delete  
 STREET ADDRESS **KIS, TAMAS S**  
 CITY-ST-ZIP **1426 WHITEHALL LANE**  
**HOLIDAY FL 34691**

TITLE  
 NAME **DPT** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **DVPT** ☐ Delete  
 STREET ADDRESS **DEBOER, DONNA-RUTH L**  
 CITY-ST-ZIP **4246 COURIER LANE**  
**HOLIDAY FL 34691**

TITLE  
 NAME **DVPS** ☒ Change ☐ Addition  
 STREET ADDRESS **5312 Eagle Dr**  
 CITY-ST-ZIP **Holiday FL 34690**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donna DeBoer** **3/31/02** **727 938 5344**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AL7524 41

CR2E034 (9/01)