

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000014810

1. Entity Name
JT CYBER TECHNOLOGIES, INC.

| | |
|--|--|
| Principal Place of Business 2736 FAWN DRIVE LOXAHATCHEE FL 33470 | Mailing Address 2736 FAWN DRIVE LOXAHATCHEE FL 33470 |
|--|--|

| | |
|---|---------------------------------------|
| 2. Principal Place of Business 17949 30TH LN N | 3. Mailing Address 17949 30TH LN N |
|---|---------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------------------------|--------------------------------|
| City & State LOXAHATCHEE FL | City & State LOXAHATCHEE FL |
|--------------------------------|--------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 33470 | Country | Zip 33470 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0981942 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATTS TIMOTHY L
 2736 FAWN DRIVE

 LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name
WATTS TIMOTHY L
 Street Address (P.O. Box Number is Not Acceptable)
 17949 30TH LN N

 City
 LOXAHATCHEE FL Zip Code
 33470

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 **TIMOTHY L. WATTS**

02/07/2001

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, 2001 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

| | |
|--|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME MOORE JEFFREY K | |
| STREET ADDRESS 3241 OLD HICKORY COURT | |
| CITY-ST-ZIP DAVIE FL 33328 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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: **Jeffrey K. Moore**

Dire **02/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

TIMOTHY L. WATTS DIRECTOR
17949 30TH LN N

LOXAHATCHEE, FL 33470