

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90112 015 ***150.00

DOCUMENT # P00000053596

1. Entity Name

CYBER STRATEGIES, INC.



Principal Place of Business

3645 CRAZY HORSE TRAIL
ST. AUGUSTINE FL 32086

Mailing Address

3645 CRAZY HORSE TRAIL
ST. AUGUSTINE FL 32086

2. Principal Place of Business

2155 Old Moultrie Rd

3. Mailing Address

2155 Old Moultrie Rd

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

St. Augustine FL

City & State

St. Augustine, FL

Zip

Country

US

Zip

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2087438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONEY, BRIAN

3645 CRAZY HUSK TRAIL

SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Brian Money

Street Address (P.O. Box Number is Not Acceptable)

2155 Old Moultrie Rd

Suite 201

City

St. Augustine

FL

Zip Code

32086

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONEY, BRIAN	
STREET ADDRESS	3645 CRAZY HORSE TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAVELLE, SUZANNA	
STREET ADDRESS	3645 CRAZY HORSE TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

Brian Money
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2003
Date

904.754.7463
Daytime Phone #

CR2E034 (10/02)