2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000053596 **DOCUMENT #**



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

CYBER S	TRATEGIES, INC.					03-19-2003 90112	.015 15	0.00	
Principal Place 3645 CRAZY H ST. AUGUSTIN	HORSE TRAIL	Mailing Address 3645 CRAZY HORSE TRAIL ST. AUGUSTINE FL 32086	,						
				Mouthrie Rd			is: 1 1102 1157 1111		
Suite, Apt. i	#, etc. 201	Suite, Apt. #, etc.				CHECK HERE IF MAKI			,
City & State	usustine FL	St. Augustin		FL	4. F	56-2087438	N	pplied For ot Applicable	
Zip	3086 St. Johns	\$ 32086	Country US	/		Certificate of Status Desired	\$8.75 Ac Fee Require		
	6. Name and Address of Current F	Registered Agent			7, N	ame and Address of New Registers	d Agent		
		ا محسید داد مدسده داد	s	Name -3	ئے کرارہ	Money			ŀ
MONEY, BRIAN Street					s (P.O. Br				1
				200	010	ox Number is Not Acceptable			
3645 CRAZY HUSK TRAIL									
SAINT AUGUSTINE FL 32086 :				Surte	20		7-0-		┨
•				City A	4000	istine F	L Zip Cy	2016	1
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered	office or regist	tered age	ent, or both, in the State of Florida. I a	ım familiar with	, and accept	1
	ions of registered agent.	1, 1	Ü	•	_				
		2. s			,	3/14/	2007		1
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FI	Signature, Typed or problem name of registered agent a		legistered A	Agent signature requi	ired when rei	<u> </u>	\$5.	00 May Be	-
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12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

904. 754. 5463

☐ Change

Addition