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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-27-2002 90417 043 ***150.00

[redacted]

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DOCUMENT # P00000064761

1. Entity Name: CYBERDIFFERENCE CORP.

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2. Principal Place of Business	3. Mailing Address
2225 NURSERY ROAD	2225 NURSERY Road
Suite, Apt. #, etc.: # 6-102	Suite, Apt. #, etc.: # 6-102
City & State: CLEARWATER	City & State: CLEARWATER
Zip: 34624 Country: USA	Zip: 34624 Country: USA

4. FEI Number: 58-2558556 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TOM DE-GROOT

Street Address (P.O. Box Number is Not Acceptable): 2225 NURSERY Road # 6-102

City: CLEAR WATER FL Zip Code: 34624

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: TOM DE GROOT
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT + Director MATHIAS LEVAREK 485 ORCHARD LANE SEDONA AZ
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same as above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same as above
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MATHIAS LEVAREK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 05/13/02 Daytime Phone #: (928) 2030835