

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90193 038 ***150.00

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DOCUMENT # P00000077871

1. Entity Name
CYBERSMART COMPUTERS, INC.



Principal Place of Business
**945 WEST MICHIGAN AVENUE
UNIT 4C
PENSACOLA FL 32505**

Mailing Address
**945 WEST MICHIGAN AVENUE
UNIT 4C
PENSACOLA FL 32505**



2. Principal Place of Business
**945 W. Michigan Ave
Suite, Apt. #, etc. Unit # 4C
City & State Pensacola, Fla
Zip 32505 Country USA**

3. Mailing Address
**SAME
Suite, Apt. #, etc. Unit # 4C
City & State Pensacola, Fla
Zip 32505 Country USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3667214** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**LAMB, KENNETH E
945 WEST MICHIGAN AVENUE
UNIT 4C
PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP | PD LAMB, KENNETH E 945 WEST MICHIGAN AVENUE, UNIT 4C PENSACOLA FL 32505 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

4/21/03 BSD.479.0777