2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000088121

City & State

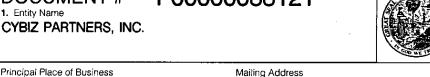
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Apr 28, 2003 8:00 am § Secretary of State 04-28-2003 90336 032 ***150.00

FILED

DOCUMENT # 1. Entity Name CYBIZ PARTNERS, INC.



City & State

Zip

1627 BRICKELL AVE STE 1606 1627 BRICKELL AVE STE 1606 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc



	☐ CHECK HERE IF MAKING CHANGES						
4.	FEI Number CE 10CE 700				Applied For		
		65-1065790			Not Applicable		
5.	Certificate of	Status Desired		\$8.75	Additional		

Fee Required

CANNON, STEPHEN 1627 BRICKELL AVE STE 1606 MIAMI FL 33129

Name and Address of New Hegistered Agent						
Name						
	•					
Street A	Address (P.O. Box Number is Not Accept	table)				
			•			
City		FL Z	ip 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.

Country

SIGNATURE

Signature, typed or printed name of registe agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent ___

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition CANNON, STEPHEN NAME 1627 BRICKELL AVE STE 1606 STREET ADDRESS STREET ADDRESS MIAMI-FL 33129 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete - -TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify in 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

SIGNATURE: