

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90052 036 ***150.00

DOCUMENT # P01000006905

1. Entity Name
SYBER SOLUTIONS, INC.

Principal Place of Business

**84 CHESAPEAKE AVE
TAMPA FL 33606**

Mailing Address

**84 CHESAPEAKE AVE
TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

141 E Davis BLVD

Suite, Apt. #, etc.

209

City & State
TAMPA, FL

Zip - **33606** Country - **USA**

3. Mailing Address

141 E. Davis BLVD

Suite, Apt. #, etc.

209

City & State
TAMPA, FL

Zip - **33606** Country - **USA**

4. FEI Number

59-3696159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIPPLEY, STEVEN G
84 CHESAPEAKE AVE
TAMPA FL 33606**

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

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) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **RIPPLEY, STEVEN G**
STREET ADDRESS **84 CHESAPEAKE AVE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **141 E. Davis BLVD #209**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

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 Block 12 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

9/11/02

Date

813.251.4528

Daytime Phone #

CR2E034 (4/02)

Attachment



872714
001000006905

141 E. Davis Blvd # 209, Tampa FL 33606 PH 813.251.4528 Fax 801.659.0466

9/11/02

Ms. Katherine Harris
Secretary of State

RE: UBR Late Fee

Dear Ms. Harris,

I would like to request a waiver on the late fee attached to filing the UBR. The corporation changed addresses earlier in the year. Apparently the previous notices were not forwarded. This is the first and only notice I have received. I have enclosed the completed form along with a check for \$150.00 as outlined in the FAQ portion of the report. Thank you for your consideration in this matter.

Sincerely,

Steven G. Rippley
President