

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90501 040 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000030120			
1. Entity Name CYBERTECHNOLOGIES UNLIMITED, INC.			
Principal Place of Business 34 KINGS ROAD CRAWFORDVILLE FL 32327		Mailing Address 34 KINGS ROAD CRAWFORDVILLE FL 32327	
2. Principal Place of Business		3. Mailing Address PO Box 967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CRAWFORDVILLE, FL	
Zip	Country	Zip	Country
		32326867	U.S.A
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RENO, RICHARD W 66 LOWER BRIDGE ROAD CRAWFORDVILLE FL 32327		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.			
SIGNATURE _____ (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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, TONY C 34 KINGS ROAD CRAWFORDVILLE FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-2002 850-510-4851

Date

Daytime Phone #