

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90794 024 ***150.00

DOCUMENT # P01000094633

1. Entity Name
BYTERAGE, INC.



Principal Place of Business
**9864 GRAND VERDE WAY, #1513
BOCA RATON, FL 33428**

Mailing Address
**9864 GRAND VERDE WAY, #1513
BOCA RATON, FL 33428**

10094726



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
17404 HOMewood RD
Suite, Apt. #, etc.

3. Mailing Address
17404 HOMewood RD
Suite, Apt. #, etc.

City & State
Fort MYERS, FL
Zip
33912
Country
US

City & State
Fort MYERS, FL
Zip
33912
Country
US

4. FEI Number
65-1144240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SORENSEN, MARSHALL C
9864 GRAND VERDE WAY, #1513
BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17404 HOMewood RD
City **Fort MYERS** FL Zip Code **33912**

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 **MARSHALL SORENSEN, PRES.** **4/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FOR IS \$150.00
After May 1, 2003 Fee will be \$650.00
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 **PST** ☐ Delete
NAME **SORENSEN, MARSHALL C**
STREET ADDRESS **9864 GRAND VERDE WAY, #1513**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **17404 HOMewood RD**
CITY-ST-ZIP **Fort MYERS, FL 33912**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 507, 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: **MARSHALL SORENSEN** **4/25/03** **239-267-4888**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)