FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097825

1. Entity Name
THE CYBER WEB INC.

Principal Place of Business	Mailing Address
218 SOUTHERN COUNTRY LN. QUINCY, FL 32351	218 SOUTHERN COUNTRY LN. QUINCY, FL 32351

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4765-19 Hodges blvd	4765-19 Hodges Blvd
Suite, Apt. #, etc.: Suite # 308	Suite, Apt. #, etc.: Suite #308
City & State: Jacksonville FL	City & State: Jacksonville, FL.
Zip: 32224 Country: US	Zip: 32224 Country: USA

4. FEI Number: 59-3749983 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Larry Sisson
218 Southern Country Lane
Quincy FL 32351

7. Name and Address of New Registered Agent

Name: Mark Guarino
Street Address (P.O. Box Number Is Not Acceptable): 4765-19 ~~Suite 308~~ Hodges blvd
Suite # 308
City: Jacksonville FL Zip Code: 32224

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: X [signature] 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUARINO, MARK 218 SOUTHERN COUNTRY LN QUINCY, FL 32351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Guarino, mark 4765-19 Hodges Blvd, Suite # 308 Jacksonville, FL 32224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #