2002 UNIFORM	BUSINESS	REPORT	(UBR)
			. — — ,

SIGNATURE:

				<u> </u>	7			374
DOCUMENT # P01000104979 1. Entity Name			FILED			7		
•	CYSSON ENTERPRISES, INC.			02 JUL 30 AH 9: 18				
Principal Place of Business Mailing Address 5303 N.W. 106 DRIVE 5303 N.W. 106 DRIVE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
·								
Same		3. Mailing Address	same_					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPACE	,	
City & Stat	e	City & State	y & State		4. FEI Number		oplied For ot Applicable]
Zip	Country	Zip	Count	try	5. Certificate of Status Desired	S8.75 Add	ditional	1
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Regi	stered Agent	,	1
6. Name and Address of Current Registered Agent FRANCIS, MARK 5303 N.W. 106 DRIVE			Street Address (P.O. Box Number is Not Acceptable)				-	
CORAL SPRINGS FL 33076			City FL Zip Code					
the obligat	named entity submits this statemer tions of registered agent. Signature, typed or printed name of registered.			ed office or registe	red agent, or both, in the State of Florid	a. I am familiar with,	and accept	
9. This corpo Tax filing r	oration is eligible to satisfy its Intange requirement and elects to do so. ria on back)	gible FILE NOW!		IS \$550.00 S Fee will be \$750 epartment of Sta	10. Election Campaign Finance Trust Fund Contribution. 11. Submission	sing \$5.0	May Be	
11.	OFFICERS A	AND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICE		S IN 11	
TITLE \$\\ NAME STREET ADDRESS CITY*ST-ZP	D FRANCIS, MARK 5303 N.W. 106 DRIVE CORAL SPRINGS FL 33076	☐ Delete		1		□ Change 1 8:348- 2010510 00 ****15		R2E034 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete		i	*****	☐ Change	Addition	
TITLE NAME STREET ADDRESS	_	☐ Delete	TITLE	:	معينينة أداري والأوارية المعتار أداره المعتارة	☐ Change	Addition	
CITY-ST-ZIP		☐ Delete	CITY-	ST-ZIP		☐ Change	Addition	
NAME Street address City-St-Zip				ET ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		4		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE			☐ Change	☐ Addition	
13. I hereby of indicated of the corporated	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee of	with this filling does not qualify for out is true and accurate and that nempowered to execute this report	the exerny signatas requir	mption stated in So of shall have the ed by Chapter 60	ection 119.07(3)(i), Florida Statutes. I fur same legal effect as if made under oath 7, Florida Statutes; and that my name ap	ther certify that the in that I am an officer opears in Block 11 o	nformation or director r Block 12 if	

Attachment Polodolo4979 5 Sunbiz (FDS DC) UBR POLOCOLO4979 CYSON Ent., INC. 5. per my conversation with a Corporations regarding my CYSSON Ent, Inc.) Wood Unitorn ly previous 150,00 money order be u compliance