

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 194000006760

1. Entity Name

American Cybersystems, Inc.

Principal Place of Business

Mailing Address

4132 Cocoplum Circle
Coconut Creek, FL 33063

4132 Cocoplum Circle
Coconut Creek, FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0457033

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

William Shope
4132 Cocoplum Circle
Coconut Creek, FL 33063

7. Name and Address of New Registered Agent

Name: Murray Polischuk
Street Address (P.O. Box Number is Not Acceptable):
317 NW 12th ST.
City: Delray Beach FL Zip Code: 33444

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

Signature, typed or printed name of registered agent and title if applicable.

Murray Polischuk

(NOTE: Registered Agent signature required when reinstating)

9/27/00
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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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: P.D.T.
NAME: Shope, William C.
STREET ADDRESS: 4132 Cocoplum Circle
CITY-ST-ZIP: Coconut Creek, FL 33063 ☒ Delete

TITLE: D
NAME: Gallier, Robert E.
STREET ADDRESS: 9630 NW 60 Dr.
CITY-ST-ZIP: Parkland, FL 33076 ☒ Delete

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P.D.T.
NAME: Polischuk, Murray
STREET ADDRESS: 317 NW 12th ST.
CITY-ST-ZIP: Delray Beach, FL 33444 ☐ Change ☒ Addition

TITLE: Sec.
NAME: Polischuk, Linnea
STREET ADDRESS: 317 NW 12th ST.
CITY-ST-ZIP: Delray Beach, FL 33444 ☐ Change ☒ Addition

TITLE:
NAME: 100003438241
STREET ADDRESS: -10/24/00--01021--020
CITY-ST-ZIP: *****61.25 *****61.25 ☐ Change ☐ Addition

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

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

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

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 an address empowered.

SIGNATURE:

William C. Shope, Director

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

9/27/00

Date

954-969-9405

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 6:12

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)