

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91286 040 ***150.00

DOCUMENT # P94000013101

1. Entity Name
CYBERZONE - VIRTUAL REALITY ADVENTURES, INC.



Principal Place of Business
CYBERZONE
415 PAGE BACON RD
MARY ESTHER FL 32569
US

Mailing Address
2083 PRITCHARD POINT DR
NAVARRE FL 32566

11023361



2. Principal Place of Business

3. Mailing Address

759 North Fardon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Crestview, FL

City & State

4. FEI Number **59-3238495**

Applied For
Not Applicable

Zip **32536** Country **OKaloosa**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANCHORS, C. LEDON
909 MAR WALT DR
STE 1014
FT WALTON BEACH FL 32547

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **KUCHNIA, ALEXANDER E**
CITY-ST-ZIP **2083 PRITCHARD POINT DR**
NAVARRE FL 32566

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **WATSON, TIMOTHY A**
CITY-ST-ZIP **12608 CLENDENNING DR**
TAMPA FL 33624

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KUCHNIA, ROBYN D**
CITY-ST-ZIP **2083 PRITCHARD PT. DR.**
NAVARRE FL 32566

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 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:

Alexander E Kuchnia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasure

24 April 03

850-937-6871

Date

Daytime Phone #

CR2E034 (10/02)