

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90067 015 \*\*\*550.00

0096910 AV

**DOCUMENT # P94000057854**

**1. Entity Name**  
**CYBERGUARD CORPORATION**



**Principal Place of Business**  
**2000 W COMMERCIAL BLVD**  
**STE 200**  
**FT. LAUDERDALE FL 33309**  
**US**

**Mailing Address**  
**2000 W COMMERCIAL BLVD**  
**STE 200**  
**FT. LAUDERDALE FL 33309**  
**US**

**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** **65-0510339**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KOVALOVSKA, ADRIANA**  
**2000 WEST COMMERCIAL BLVD**  
**STE 200**  
**FORT LAUDERDALE FL 33309**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTIE, MIKE 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HAMMACK, SCOTT 2000 W COMMERCIAL BLVD STE 200 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WILLIAM 2000 W COMMERCIAL BLVD STE 200 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DAVID 2000 W COMMERCIAL BLVD STE 200 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOVALOVSKA, ADRIANA 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITTIG, MICHAEL 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTIE, MIKE 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAWSON, PATRICK 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOEN, DANIEL 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, WILLIAM 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIV KOVALOVSKA, ADRIANA 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBERI, JOHN 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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:** *STEPHEN A. RENKERT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-03

954-458-3900

Date Daytime Phone #

CR2E034 (4/03)