

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 011 ***150.00

DOCUMENT # P95000003194

1. Entity Name CYBER CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

B0057690

2. Principal Place of Business
720 N. Maitland Ave

3. Mailing Address
720 N. Maitland Ave

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State
Maitland, FL

City & State
Maitland, FL

4. FEI Number
59-3289694

Applied For
Not Applicable

Zip
32751

Country
Orange

Zip
32751

Country
Orange

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MOORE, Benjamin H., CPA

Street Address (P.O. Box Number is Not Acceptable)

720 N. Maitland Ave., Suite 105

City Maitland

FL

Zip Code 32751

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 *Ben H. Moore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
BERGER, Joachim
720 N. Maitland Ave., Ste 105
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ben H. Moore
720 N. MAITLAND AVE #105
MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ben H. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02
Date

407-444-3119
Daytime Phone #

CR2E034B (12/01)