

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P95000056751**

1. Entity Name

CYBERTECH COMPUTER SERVICES OF NORTHWEST FLORIDA**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90026 018 ***150.00

Principal Place of Business

Mailing Address

**4836 SOUNDSIDE DR
GULF BREEZE FL 32561-8916
US****4836 SOUNDSIDE DR
GULF BREEZE FL 32561-8916
US**

2. Principal Place of Business

3. Mailing Address

1101 Gulf Breeze Pkwy**1101 Gulf Breeze Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 319**Suite 319**

City & State

Gulf Breeze, FL**Gulf Breeze, FL**

Zip

32561**US****32561****US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, WALTER T JR.
4836 SOUNDSIDE DRIVE
GULF BREEZE FL 32561-8916**

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.

SIGNATURE

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P			<input type="checkbox"/>	<input type="checkbox"/>
	WALTER T. DANIELS, JR.	4836 SOUNDSIDE DR	GULF BREEZE FL		
	TS			<input type="checkbox"/>	<input type="checkbox"/>
	DEBRA L. DANIELS	4836 SOUNDSIDE DR	GULF BREEZE FL		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: *Walter T Daniels Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER T DANIELS JR.

Date

Daytime Phone #

CR2E034 (10/00)