2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056751 1. Entity Name CYBERTECH COMPUTER SERVICES OF NORTHWEST FLORIDA , INC.						Secretary of State 03-31-2002 90350 023 ***150.00		
1101 GULF BF SUITE 319 GULF BREEZE US 2. Principal F	FL 32561 Place of Business	PKWY	Mailing Address 1101 GULF BREEZE PKWY SUITE 319 GULF BREEZE FL 32561 US 3. Mailing Address 1101 Gulf Suite, Apt. #, etc. Suite 12	Bruen F	Devi Y DO NOT WRITE IN THIS SPACE			
City & Stat Gulf Zip 3250	· Brazze-,- Country		City & State Gulf Breez Zip 32561	e, F.C. Country U.S	4. FEI Number 59-3312584 Applied Not Applied 5. Certificate of Status Desired Sa.75 Addition Fee Required	plicable		
DANIELS, WALTER T JR. 4836 SOUNDSIDE DRIVE GULF BREEZE FL 32561-8916 Street Address (City Gulf-					7. Name and Address of New Registered Agent Walter T. Daniels Jr ddress (P.O. Box Number is Not Acceptable) 36 Soundside Drive Ent Breeze FL Zip Code	P.O. Box Number is Not Acceptable) Soundside Drive		
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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tay filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTER T. DANIEL 4836 SOUNDSIDE GULF BREEZE FL	S, JR.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter T. Daniels Jr Change President 4836 Soundside Dr Gulf Breeze, FL 32563	Addition 3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DEBRA L. DANIELS 4836 SOUNDSIDE GULF BREEZE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBRA L. DANIELS TS Thange 14836 Soundside Dr Gulf Breuze, FL 32563	Addition		
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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