

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90337 023 ***150.00

DOCUMENT # P95000056751



1. Entity Name
CYBERTECH COMPUTER SERVICES OF NORTHWEST FLORIDA, INC.

Principal Place of Business
**1101 GULF BREEZE PKWY
SUITE 319
GULF BREEZE FL 32561
US**

Mailing Address
**1101 GULF BREEZE PKWY
SUITE 319
GULF BREEZE FL 32561
US**

2. Principal Place of Business

1101 Gulf Breeze PKWY

3. Mailing Address

1101 Gulf Breeze PKWY

Suite, Apt. #, etc.

Suite 122

Suite, Apt. #, etc.

Suite 122

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

US

Zip

32561

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3312584**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

4836 SOUNDSIDE DRIVE

City

Gulf Breeze

FL

Zip Code

32563

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

TITLE **P** ☐ Delete
NAME **WALTER T. DANIELS, JR.**
STREET ADDRESS **4836 SOUNDSIDE DR**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **TS** ☐ Delete
NAME **DEBRA L. DANIELS**
STREET ADDRESS **4836 SOUNDSIDE DR**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Walter T. Daniels Jr** **PRESIDENT** **01/23/03** **850.932.1504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)