

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077417

1. Entity Name

CYBER AGENCY CORPORATION

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90034 027 ***150.00

Principal Place of Business

3511 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

Mailing Address

3511 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309-3331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0754515

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GORDON, PAMELA R~~
~~6236 WINDLASS CIRCLE~~
~~BOYNTON BCH FL 33437~~

Name
George S Gordon
Street Address (P.O., Box Number, is Not Acceptable)
3511 W COMMERCIAL BLVD
City
FT. LAUDERDALE FL Zip Code
33309

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

George Gordon
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/6/2000
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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GORDON, HARVEY L 3511 W. COMMERCIAL BLVD FT. LAUD. FL 33309 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD GORDON, GEORGE S 3511 W COMMERCIAL BLVD FT. LAUD. FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GORDON, MITZI L 3511 W. COMMERCIAL BLVD FT. LAUD. FL 33309 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ST GORDON, George S 3511 W COMMERCIAL BLVD FT LAUD, FL 33309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

George Gordon - Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/2000
677-9322

CR2E034 (9/99)