

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90103 025 \*\*\*150.00

**DOCUMENT # P95000085985**

1. Entity Name  
**CYBER.X.PRESS INC.**

Principal Place of Business

**421 W CHURCH ST.  
 SUITE 702  
 JACKSONVILLE FL 32202  
 US**

Mailing Address

**421 W CHURCH ST.  
 SUITE 702  
 JACKSONVILLE FL 32202  
 US**

2. Principal Place of Business

**301 W BAY ST.  
 Suite, Apt. #, etc.  
 Suite 140**

3. Mailing Address

**301 W Bay ST.  
 Suite, Apt. #, etc.  
 Suite 140**

City & State  
**Jacksonville FL**

Zip  
**32202**

Country  
**DUVO1**

City & State  
**Jacksonville, FL**

Zip  
**32202**

Country  
**DUVO1**

4. FEI Number **59-3351265**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHIELDS, WILLIAM E  
 421 W CHURCH ST.  
 SUITE 702  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **William Shields**  
 Street Address (P.O. Box Number is Not Acceptable) **301 W Bay ST Suite 140**  
 City **Jacksonville** **FL** Zip Code **32202**

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 **William Shields** **W. E. Shields** **2/6/02**  
 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, 2002 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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHIELDS, WILLIAM E</b>
STREET ADDRESS	<b>11684 OLDE MANDARIN ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHIELDS, DAVID</b>
STREET ADDRESS	<b>11684 OLDE MANDARIN ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: **William Shields**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/6/02** **861-2156**

CR2E034 (9/01)