

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90331 001 ***300.00

0339396

DOCUMENT # P96000013956

1. Entity Name
CYBERNETIC INC.

Principal Place of Business
**C/O 111 MADISON STREET
 SUITE 2300
 TAMPA FL 33602**

Mailing Address
**400 NORTH TAMPA STREET
 SUITE 2300
 TAMPA FL 33602**

40970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
862 Forestview Drive
 Suite, Apt. #, etc.
Column

3. Mailing Address
← same as left
 Suite, Apt. #, etc.
Column

City & State
Sarasota, Fla.

City & State

4. FEI Number **59-3573602**

Applied For
 Not Applicable

Zip
34232

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W., ESQ
 400 NORTH TAMPA STREET
 SUITE 2300
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Paul Savage**
 Street Address (P.O. Box Number is Not Acceptable) **862 Forestview Drive**
 City **Sarasota** **FL** Zip Code **34232**

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 **X [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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------------|---------------------------------|--|-------------------------------------|
| | PSTD SAVAGE, PAUL | 862 Forestview Drive | 4550 W. 47TH STREET W., STE. 1213 | <input type="checkbox"/> |
| | | | BRADENTON FL 34210 | <input type="checkbox"/> |
| | | | Sarasota, Fla. 34232 | <input type="checkbox"/> |
| | AS GOODWIN, JAMES | 111 MADISON - SUITE 2300 | TAMPA FL 33602 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <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: **X [Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)