

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90356 044 ***150.00

DOCUMENT # P96000019861

1. Entity Name
CYBERTAINMENT SYSTEMS CORP.

Principal Place of Business

1661 S. CONGRESS AVE
A
WEST PALM BEACH FL 33406
US

Mailing Address

1661 S. CONGRESS AVE
A
WEST PALM BEACH FL 33406
US

2. Principal Place of Business

7685 LAKE WORTH RD.

Suite, Apt. #, etc.

3. Mailing Address

7685 LAKE WORTH RD.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-0706239

Applied For

Not Applicable

Zip

Country

33467 PALM BEACH

Zip

Country

33467 PALM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECHTOLD, BRUCE
1661 S. CONGRESS AVE STE A
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 **PCSD** ☐ Delete
NAME **BECHTOLD, BRUCE**
STREET ADDRESS **1200 S. CONGRESS AVE., #49WH**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME **VPTD**
STREET ADDRESS **CHRISTENSEN, SUSAN J**
CITY-ST-ZIP **9332 TALWAY CIRCLE**
BOYNTON BEACH FL 33437

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOCHBERG, GARY M**
CITY-ST-ZIP **5799 ORANGE AVE**
FORT LAUDERDALE FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN CHRISTENSEN

Date

Daytime Phone #

4/12/02 561-966-4534

CR2E034 (9/01)