## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P96000030183** 1. Entity Name CYBERVIEW USA, INC. 05-24-2000 90191 030 \*\*\*158.75 Principal Place of Business Mailing Address 1980 N ATLANTIC AVE 1556 SUNSHINE TREE BLVD LONGWOOD FL 32779-2751 STE 301 COCOA BCH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3384425 Not Applicable Zip Country Zic Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VARNEY, GERALD T. Street Address (P.O. Box Number is Not Acceptable) 1556 SUNSHINE TREE BLVD LONGWOOD FL 32779 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE VARNEY, GERALD T NAME NAME 1556 SUNSHINE TREE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP ☐ Addition ☐ Change D TITLE TITLE ☐ Delete STIMMEL, MONTE B NAME NAME STREET ADDRESS 8009 RURAL RETREAT COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition TITLE ☐ Delete TITLE GRIESHABER, ILENE A NAME NAME STREET ADDRESS 200 S BANANA RIVER BLVD #601 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR