## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000006766** Apr 25, 2000 8:00 am Secretary of State CYBUS TECHNICAL CORP. 04-25-2000 90056 011 \*\*\*150.00 Mailing Address Principal Place of Business 3330 PARKER STREET P O 80X 560373 MIMIS FL 32754 ORLANDO FL 32856-0373 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3420957 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORTIN, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3330 PARKER ST MIMS FL 32754 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. ROBERT . FORTIN SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE FORTIN, THOMAS B NAME NAME STREET ADDRESS 3330 PARKER STREET STREET ADDRESS CITY-ST-ZIP MIMIS FL 32754 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE FORTIN, ROBERT J CEO NAME NAME 3330 PARKER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIMIS FL 32754** CITY-ST-ZIP ☐ Change \_ ☐ Addition TITLE Delete 💢 FORTIN, EDITH NAME NAME 3330 PARKER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIMIS FL 32754** CITY-ST-ZIP SD Addition TITLE TITLE ☐ Delete FORTIN, JANE A NAME NAME 3330 PARKER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIMIS FL 32754 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

changed, or off art attachment with art address, with an other like empowered

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ROBERT J. FORTIN

4/17/00

407 8439568

Daytime Phone #