2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2001 08:00 AM DOCUMENT # **P9700006766** 1. Entity Name **Secretary of State** CYBUS TECHNICAL CORP. Principal Place of Business Mailing Address 3330 PARKER STREET P O BOX 560373 MIMIS FL ORLANDO FL32754 32856 US 2. Principal Place of Business 3. Mailing Address 3330 PARKER STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIMS FL 59-3420957 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32754 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORTIN ROBERT 3330 PARKER ST Street Address (P.O. Box Number is Not Acceptable) MIMS FL32754 US 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. 04/29/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE ☐ Delete TITLE X Change ☐ Addition MAME FORTIN JANE A FORTIN NAME JANE 3330 PARKER STREET STREET ADDRESS STREET ADDRESS 3330 PARKER STREET CITY-ST-ZIP MIMIS FL 32754 CITY-ST-ZIP MIMS TD ☐ Delete TITLE X Change NAME FORTIN ROBERT JCEO NAME FORTIN ROBERT **JCEO** STREET ADDRESS 3330 PARKER STREET STREET ADDRESS 3330 PARKER STREET CITY-ST-ZIP MIMIS FL 32754 CITY-ST-ZIP MIMS FL32754 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/29/2001

Daytime Phone #

Date

Robert J. Fortin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CR2E034 (11/00)