

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058184

1. Entity Name

CYBERTECH INTERNATIONAL CORPORATION

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90066 033 ***158.75

Principal Place of Business

Mailing Address

1211 W FLETCHER AVE
TAMPA FL 33614
US

4704 W SOUTH AVE
TAMPA FL 33614-6452
US

2. Principal Place of Business

400 Fentress Blvd.

3. Mailing Address

4704 W. South Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Tampa, Florida 33614

4. FEI Number

65-0773915

Applied For

Not Applicable

Zip

32114

Country

US

Zip

33614

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRISSELL, ROBERT H
4704 W SOUTH AVE
TAMPA FL 33614

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BRISSELL, ROBERT H
4704 W SOUTH AVE
TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MCPEEK, JENNIFER
4215 BURNS RD
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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: Robert H. Brisell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Brisell 1/13/00 (813) 870-1510

Date

Daytime Phone #

CR2E034 (9/99)