2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

TAMPA FL 33614

4704 W SOUTH AVE

P97000058184 **DOCUMENT#**

1. Entity Name

Principal Place of Business

DAYTONA BEACH FL 32114

400 PENTRESS BLVD

CYBERTECH INTERNATIONAL CORPORATION



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90173 032 ***158.75

MAATAE TO



us		US						
2. Principal Place of Business		3. Mailing Address			-			
Suitė, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e .	City & State		4	65-0773915	<u> </u>	oplied For of Applicable	
Zip	Country	Zip	Country	5	i. Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
غىمىسىسىن يىلىنى دىنى د				- Name				
BRISELL, ROBERT H			Street A	Street Address (P.O. Box Number is Not Acceptable)				
4704 W SOUTH AVE								
TAMPA FL 33614								
				City FL Zip Code				
		the purpose of changing its	registered office o	r registered a	agent, or both, in the State of Florida. I ar	n familiar with,	and accept	
the obligations of registered agent.								
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signat	ure required whe	n reinstating) DATE	<u> </u>		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		00 May Be 1 to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE NAME Street address City-St-Zip	PSTD BRISELL, ROBERT H 4704 W SOUTH AVE TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	BRISI 4704 TAM	ELL ROBERT H. W. SOUTH AVE PA. FL 33614	[X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCPEEK, JENNIFER 4215 BURNS RD PALM BEACH GARDENS FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip		, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOHN 400 F DAYT	P. BRISELL ENTRESS BLVD ONA BEACH, FL 32	□ Change	₹ Q Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO AA	INE GAYNE BURNS ROAD BEACNG ARDENS, F	☐ Change	Addition 4/0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		M. W. E. W. Z.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all gither like empowered.

SIGNATURE: