

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040754

1. Entity Name

CYBER BILLBOARD, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90009 008 ***150.00

Principal Place of Business

Mailing Address

101 WOODLAKE WYNDE
OLDSMAR FL 34677

101 WOODLAKE WYNDE
OLDSMAR FL 34677-2139

2. Principal Place of Business

3. Mailing Address

2511 Dolly Bay Dr

2511 Dolly Bay Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-104

D-104

City & State

City & State

Palm Harbor, FL

Palm Harbor, FL

Zip

Zip

34684

34684

Country
USA

Country
USA

4. FEI Number

59-3507901

Applied For

Not Applicable

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

CHRISTMAN, JULIE E
101 WOODLAKE WYNDE
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

2511 Dolly Bay Drive D-104

City

Palm Harbor

FL

Zip Code

34634

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	D	<input type="checkbox"/> Delete
NAME	CHRISTMAN, JULIE E	
STREET ADDRESS	101 WOODLAKE WYNDE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUKENICK, JENNIFER	
STREET ADDRESS	2374 COVINGTON DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Julie E Christman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00 (787)-939-9511

CR2E034 (9/99)