2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000057416

1. Entity Name

CYTURA CORP.



FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90092 006 ***150.00

O THE SON

		•	O WE S				
	ce of Business ATIONAL HIGHWAY	Mailing Address 250 INTERNATIONAL HIGHWAY					
SUITE 350		SUITE 350					
LAKE MARY	FL 32746	LAKE MARY FL 32746					
2. Principal Place of Business P. D. Box 954117 P.o. Box 9			7		10011 61601 11010 6111 1681		
Suite, Api	t. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CI	HANGES		
City & Sta	e Mary FL	City & State Lake Mary.	FL	4. FEI Number 59-3518753	Applied For Not Applicable		
ER3279 Country		Zip Country 32795 US			¢0.75		
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Age			
MACKEN	ZIE, DONNA		0				
250 INTE SUITE 35	RNATIONAL PARKWAY		1840	ress (P.O. Box Number is Not Acceptable) Bis cay ne Drive			
	OW FL 32746						
HEATTING	J# FL 32/40	, X-4	ا ۲۳ دام	-de FL	Zin Code		
8. The above	e named entity submits this statement for		ered office or red	gistered agent, or both, in the State of Florida. I am fam	iliar with and accept		
the obliga	itions of registered trent.	and perpendicular strong no region	orea emice or reg	gistered agent, or both, in the state of Honda. Talm an	iliai with, and accept		
0.00	NAMILA	h		1/00	1.0		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTF: Regist	ered Agent signature re	equired when reinstating) DATE	103		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DATE DATE			
	FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.00 May Be		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribution.	Added to Fees		
10.	OFFICERS AND D						
TITLE	CEO		1. 	ADDITIONS/CHANGES TO OFFICERS AND DI			
NAME	LASKEY, MITCHEL		ITLE AME		Change		
STREET ADDRESS	250 INTERNATIONAL PKWY		TREET ADDRESS				
CITY-ST-ZIP	HEATHROW FL 32746		ITY-ST-ZIP		(
TITLE	СТО						
NAME	TOLETI, RAJESH		TLE Ame	Ц	Change		
STREET ADDRESS	250 INTERNATIONAL PKWY #350		TREET ADDRESS		l l		
CITY-ST-ZIP	HEATHROW FL 32746	`	ITY-ST-ZIP		l.		
TITLE	CFO -		TLE .		77.4		
NAME	MACKENZIE, DONNA	NO COLOR	AME		-enange		
STREET ADDRESS	250 INTERNATIONAL PKWY #350			20, Box 954117			
CITY-ST-ZIP	HEATHROW FL 32746			are Mary FL 32804			
TITLE	VP	Delete TI	TLE		Change		
NAME	WINKLER, DAVID		AME	<u>. </u>	Change Addition		
STREET ADDRESS	250 INTERNATIONAL PKWY #350	ST	REET ADDRESS				
CITY-ST-ZIP	HEATHROW FL 32746	CI	TY-ST-ZIP				
TITLE	DIR	☐ Delete TIT	TLE		Change		
NAME	MOSELEY, ALLEN		ME :		· – (
STREET ADDRESS	250 INTERNATION PKWY #350	ST	REET ADDRESS 🔁	10. Box 954117			
CITY-ST-ZIP	HEATHROW FL 32746	CIT	TY-ST-ZIP	10. Box 954117 10. Box 954117 10. Box 954117			
TITLE	DIR	☐ Delete TIT	ILE	71	Etrange		
NAME	MILLER, SCOTT	NA	ме		,		
STREET ADDRESS	250 INTERNATION PKWY #350	St	REET ADDRESS 🗜	1.0. Box 954117			
CITY-ST-ZIP	HEATHROW FL 32746	CIT	Y-ST-ZIP	are Man El 3780) / /		

12. I hereby certify that the information supplied with this filling 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 trusted 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 other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR