

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100076

1. Entity Name
CYBER KEY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90042 047 ***150.00

Principal Place of Business

25 BEACH WALKER RD.
AMELIA ISLAND FL 32034

Mailing Address

25 BEACH WALKER RD.
AMELIA ISLAND FL 32034

644954

2. Principal Place of Business

640 ELMA AVE

Suite, Apt. #, etc.

3. Mailing Address

640 ELMA AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BIG PINE KEY, FL

City & State

BIG PINE KEY, FL

4. FEI Number

65-0881336

Applied For

Not Applicable

Zip

33043

Country

Zip

33043

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUM, SAMUEL SPENCER
2666 TIGERRAIL AVENUE
SUITE 106
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

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

City

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 (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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS TAYLOR, M.J.
CITY-ST-ZIP 25 BEACH WALKER RD.
AMELIA ISLAND FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS TAYLOR, M.J.
CITY-ST-ZIP 640 ELMA AVE
BIG PINE KEY FL
33043

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.19.01

Date

305-872-0059

Daytime Phone #

CR2E034 (10/00)