

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103519

1. Entity Name

CYBERTAINMENT CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90844 046 ***158.75

Principal Place of Business

10960 BEACH BLVD., #124
JACKSONVILLE FL 32246

Mailing Address

10960 BEACH BLVD., #124
JACKSONVILLE FL 32246-4840

2. Principal Place of Business

8700 Southside Blvd

3. Mailing Address

8700 Southside Blvd

Suite, Apt., etc.

#904

Suite, Apt., etc.

#904

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32256

Country

USA

Zip

32256

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3545893

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LUKE
10960 BCH BLVD #124
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

Daniel Casey

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

8700 Southside Blvd #904

City

Jacksonville

FL

Zip Code

32256

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

Daniel Casey

Signature, typed or printed name of registered agent and title if applicable.

(Not Registered Agent signature required when reinstating)

4/29/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, LUKE	
STREET ADDRESS	10960 BEACH BLVD., #124	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	CASEY, DANIEL	
STREET ADDRESS	10200 BELLE RIVER BLVD #245	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Casey	
STREET ADDRESS	8700 Southside Blvd #904	
CITY-ST-ZIP	Jacksonville FL 32256	
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKE & Thomas	
STREET ADDRESS	8700 Southside Blvd #904	
CITY-ST-ZIP	Jacksonville FL 32256	
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		
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:

Daniel Casey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

904-716-2039

Daytime Phone #

CR2E034 (9/99)