

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90065 015 \*\*\*150.00

**DOCUMENT # P98000104367**

**1. Entity Name**  
**CYBERAGE ENTERPRISES, INC.**

**Principal Place of Business**  
**P.O. BOX 427**  
**THONOTOSASSA FL 33592**

**Mailing Address**  
**P.O. BOX 427**  
**THONOTOSASSA FL 33592**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3551984**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**MATSON, CHARLES T**

**9401 GRANDFIELD ROAD, APT. A**  
**THONOTOSASSA FL 33592**

*12626 Rockridge Cir*

**Name** **MATSON, CHARLES T.**

**Street Address (P.O. Box Number is Not Acceptable)** **12626 Rockridge Cir**

**City** **THONOTOSASSA** **FL** **Zip Code** **33592**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **MATSON, CHARLES T**  
**STREET ADDRESS** **9401 GRANDFIELD RD, APT. A**  
**CITY-ST-ZIP** **THONOTOSASSA FL 33592**

**TITLE** ☐ Change ☐ Addition  
**NAME** **MATSON, CHARLES T**  
**STREET ADDRESS** **12626 Rockridge Cir**  
**CITY-ST-ZIP** **THONOTOSASSA FL 33592**

**TITLE** **P** ☐ Delete  
**NAME** **MATSON, CHARLES T**  
**STREET ADDRESS** **9401 GRANDFIELD RD, APT. A**  
**CITY-ST-ZIP** **THONOTOSASSA FL 33592**

**TITLE** ☐ Change ☐ Addition  
**NAME** **MATSON, CHARLES T**  
**STREET ADDRESS** **12626 Rockridge Cir**  
**CITY-ST-ZIP** **THONOTOSASSA FL 33592**

**TITLE** **V** ☐ Delete  
**NAME** **MATSON, LOLITA K**  
**STREET ADDRESS** **3587 GOLDSMITH RD**  
**CITY-ST-ZIP** **BROOKSVILLE FL 34602**

**TITLE** ☐ Change ☐ Addition  
**NAME** **MATSON, LOLITA K**  
**STREET ADDRESS** **3587 GOLDSMITH RD**  
**CITY-ST-ZIP** **BROOKSVILLE FL 34602**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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:** *Charles T. Matson* **CHARLES T. MATSON** **4/18/02** **813-986-2476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)