2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 427

DOCUMENT # P98000104367

1. Entity Name

P.O. BOX 427

Principal Place of Business

CYBERAGE ENTERPRISES, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90078 041 ***150.00

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THONOTOSASSA FL 33592			THONOTOSASSA FL 33592								
2. Principal Place of Business			3. Mailing Address) Feetileat tim lafat i stirt marri aaris	APIBI IIGH A			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	FEI Number 59-355 1984 Applied F			Applicable	
Zip	Cou	untry Zip	,	Count			Certificate of Status Desired		\$8.75 Addi Fee Required		
	6 Name and 6	Address of Current Register	red Agent	· .		7N	lame and Address of New R	gistered	Agent -		•
			Name								
MATSON, CHARLES T					Street Addres	s (P.O. Bo	ox Number is Not Acceptable)	<u> </u>		
	KRIDGE CIR.			,	<u> </u>						
THONOTO	SASSA FL 3359	2			City	<u></u>		FI	Zip Code	, ;	
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8. The above the obligation	named entity subr ons of registered a	mits this statement for the puragent.	pose of changing its i	registere	ed office or regi	stered age	ent, or both, in the State of Flo	rida. I am	ı familiar with, a	and accept	
SIGNATURE _	Signature, typed or printe	ed name of registered agent and title if a	pplicable. (NOTE	Registere	d Agent signature req	uired when re	ainstating)	DATE			
After	ILE NOW!!! FE May 1, 2003 Fe	E IS \$150.00 ee will be \$550.00 rida Department of State					Election Campaign Fir Trust Fund Contribution	n.	Added	May Be to Fees	
		OFFICERS AND DIRECT				AD	DDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11	_ ا
10.		OFFICERS AND DIRECT	Delete	TITL					Change	Addition	(40/02)
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	12626 ROCKRI	rice cir			EET ADDRESS						13
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NAME	MATSON, LOL	ITA K		NA	l l						
STREET ADDRESS	3587 GOLDSM	ith RD			EET ADDRESS						
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NAME					ME						
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			: deep not avalify for	or than as	omotion stated	in Section	n Tibiliziaini, Florida Statutes	. i iurtiici	Juniary and tare	., .,	- 1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DICHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLES MATSON, PROS 1-14-03 813-986-2476