

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000619

1. Entity Name

CYBERRIGHT CORPORATION

Principal Place of Business

Mailing Address

402 SEABREEZE BLVD. STE. H
DAYTONA BEACH FL 32122

P.O. BOX 6003
DAYTONA BEACH FL 32122-6003

2. Principal Place of Business

210 S. Beach St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

City & State

Daytona Beach, FL

City & State

Zip

32114

Country

Zip

Country

6. Name and Address of Current Registered Agent

WOHLSIFER, WILLIAM R P.A.
402 SEABREEZE BLVD. STE. H
DAYTONA BEACH FL 32122

4. FEI Number

59-3569564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

210 S. Beach St.

Suite 200

City

Daytona Beach

FL

Zip Code

32114

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
WOHLSIFER, WILLIAM R
P.O. BOX 6003
DAYTONA BEACH FL 32122

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
THANKACHEN, SAM
615 S.E. 12 AVE.
DEERFIELD BEACH FL 33441

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVTS

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: William R. Wohlsifer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90121 007 ***150.00



DO NOT WRITE IN THIS SPACE

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1-28-00

904-253-2222