

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004288

1. Entity Name

CYBER JED, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90075 016 ***150.00

Principal Place of Business

Mailing Address

5751 HARBORSIDE DR.
TAMPA FL 33615

5751 HARBORSIDE DR.
TAMPA FL 33615-3685

2. Principal Place of Business

13230 Royal George Ave.

Suite, Apt. #, etc.

3. Mailing Address

13230 Royal George Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Odessa, FL.

City & State

Odessa, FL.

4. FEI Number

59-3563362

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33556

Country

USA

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

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE., SUITE 900
MIAMI FL 33131

Name

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

City

FL

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DELAHANTY, JOHN E
CITY-ST-ZIP 5751 HARBORSIDE DR.
TAMPA FL 33615

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13230 Royal George Ave
CITY-ST-ZIP Odessa, FL 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 of Delahanty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00
Date

813-792-2351
Daytime Phone #

CR2E034 (9/99)