

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90268 020 ***150.00

DOCUMENT # P99000005289

1. Entity Name
CYBERCARE.COM, INC.

Principal Place of Business Mailing Address
N. DALE MABRY HWY. #100 **6800 N. DALE MABRY HWY. #100**
FL 33614 **TAMPA FL 33614-3984**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1903 S. Congress Ave **1903 S. Congress Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
400 **# 400**
 City & State City & State
Boynton Beach FL **Boynton Beach FL**
 Zip Zip Country Country
33426 **USA** **33426** **USA**

4. FEI Number ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROES, CHARLES
6800 N. DALE MABRY HWY. #100
TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name **Daniel Bivins Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
1903 S. Congress Ave # 400
 City **Boynton Beach FL** Zip Code **33426**

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 Bivins Jr.* *Daniel Bivins Jr.* *4/28/00*
 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 ☐ \$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	<input checked="" type="checkbox"/> Delete	TITLE	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROES, CHARLES		NAME	Paul Pershes	
STREET ADDRESS	6800 N. DALE MABRY HWY. #100		STREET ADDRESS	1903 S. Congress Ave # 400	
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUCKOLS, CARDWELL C		NAME	Denise Schumann	
STREET ADDRESS	6800 N. DALE MABRY HWY. #100		STREET ADDRESS	1903 S. Congress Ave # 400	
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Denise Schumann* *4/28/00* *561-737-2227*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)