

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90405 031 ***150.00

DOCUMENT # P99000006640 ✓

1. Entity Name

CiberLynx, Inc.

Principal Place of Business

550 Fairway Dr., #210
 Deerfield Beach, FL 33441

Mailing Address

550 Fairway Dr., #210
 Deerfield Beach, FL 33441

2. Principal Place of Business

550 Fairway Dr.

Suite, Apt. #, etc.

Suite 210

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. Mailing Address

550 Fairway Dr.

Suite, Apt. #, etc.

Suite 210

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

4. FEI Number

65-0888 440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Susan Jackson, CPA
 550 Fairway Dr., #210
 Deerfield Beach, FL 33441

7. Name and Address of New Registered Agent

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

Susan Jackson, CPA
 Signature, typed or printed name of registered agent and title if applicable.

Susan Jackson, CPA Controller 4/20/01
 (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, 2001 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 ☐ Delete
 NAME Michael Spiegel
 STREET ADDRESS 550 Fairway Dr., #210
 CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ Delete
 NAME Jeffrey Roschman
 STREET ADDRESS 550 Fairway Dr., #210
 CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ Delete
 NAME Robert Roschman
 STREET ADDRESS 550 Fairway Dr., #210
 CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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

Michael Spiegel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Spiegel

4/20/01

954-418-8884

Date

Daytime Phone #

CR2E034 (1/7/00)