

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90115 020 ***150.00

0078734

DOCUMENT # P99000031245

1. Entity Name

CYBERWIZE.COM, INC.

Principal Place of Business

8810 ASTRONAUT BLVD., STE. 124
PT. CANAVERAL FL 32920

Mailing Address

8810 ASTRONAUT BLVD., STE. 124
PT. CANAVERAL FL 32920

2. Principal Place of Business

8810 Astronaut Blvd.

3. Mailing Address

8570 COMMERCE AVE

Suite, Apt. #, etc.

Suite 124

Suite, Apt. #, etc.

#206

City & State

Cape Canaveral, FL

City & State

CAPE CANAVERAL, FL

Zip

32920

Country

FL

Zip

32920

Country

BREVARD

4. FEI Number

52-2160031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOOL, MARK T
8810 ASTRONAUT BLVD., STE. 124
PT. CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

MARK T. MCCOOL

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

8570 COMMERCE AVE #206

City

CAPE CANAVERAL

FL

Zip Code

32920

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP MCCOOL, MARK 3773 SUNWARD DRIVE #53 MERRITT ISLAND FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOOL, JEANINE M 3773 SUNWARD DRIVE #53 MERRITT ISLAND FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ECKENROTH, EVONNE 762 KILLARNEY MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECKENROTH, STEPHEN 762 KILLARNEY MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCCOOL, MARK 8570 Commerce Ave. #206 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER MCCOOL, JEANINE 8570 COMMERCE AVE #206 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ECKENROTH, EVONNE P.O. BOX 391 FLOWERY BRANCH, GA 30542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/SECRETARY ECKENROTH, STEPHEN P.O. BOX 391 FLOWERY BRANCH, GA 30542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeannette T. McCool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

321-784-1345

Daytime Phone #

CR2E034 (10/00)