

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90044 007 \*\*\*150.00

**DOCUMENT # P99000031245**

1. Entity Name  
**CYBERWIZE.COM, INC.**

Principal Place of Business Mailing Address  
**8570 ASTRONAUT BLVD. 8570 COMMERCE AVE**  
**STE 124 STE 206**  
**PT. CANAVERAL FL 32920 PT. CANAVERAL FL 32920**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**6222 Tower Lane**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite A-7**  
 City & State City & State  
**Sarasota, FL**  
 Zip Country Zip Country  
**34240**

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**  
**8570 COMMERCE AVE #206**  
**PT. CANAVERAL FL 32920**

7. Name and Address of New Registered Agent  
 Name **mark mccoool**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6222 Tower Lane**  
**Suite A-7**  
 City **Sarasota** FL Zip Code **34240**

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 *Mark M. McCoool*  
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.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>CEO</b> <b>MCCOOL, MARK</b> <b>8570 COMMERCE AVE #206</b> <b>MERRITT ISLAND FL 32920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>MCCOOL, JEANINE M</b> <b>8570 COMMERCE AVE #206</b> <b>MERRITT ISLAND FL 32920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>ECKENWORTH, EVONNE</b> <b>P O BOX 391</b> <b>FLOWERY BRANCH GA 30542</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>ECKENWROTH, STEPHEN</b> <b>P O BOX 391</b> <b>FLOWERY BRANCH GA 30542</b>	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mark M. McCoool*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)