

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071412

1. Entity Name

CYBERNET SERVICES, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90549 006 ***150.00

Principal Place of Business

Mailing Address

4650 SUSSEX AVE.
JACKSONVILLE FL 32210

4650 SUSSEX AVE.
JACKSONVILLE FL 32210-8223

040940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5640 Timuquana Road

3. Mailing Address

Suite, Apt. #, etc.

Suite #6

City & State

Jacksonville, FLA

City & State

4. FEI Number

593593714

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

Country

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

KIRSCH, AARON
4650 SUSSEX AVE.
JACKSONVILLE FL 32210

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

Aaron Kirsch

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

(NOTE: Registered Agent signature required when reinstating)

4-25-00

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 PD
KIRSCH, AARON
STREET ADDRESS 4650 SUSSEX AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME VTD
CABRAL, ERIC
STREET ADDRESS 4650 SUSSEX AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME SD
CARNEY, RANDY
STREET ADDRESS 4650 SUSSEX AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

Eric Cabral

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

904-777-1242

Daytime Phone #

CR2E034 (9/99)