

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90240 040 ***150.00

DOCUMENT # P99000074994**1. Entity Name**
CYBERMED TECHNOLOGIES INC.**Principal Place of Business****27045 SEA BREEZE WAY**
WESLEY CHAPEL FL 33543**Mailing Address****27045 SEA BREEZE WAY**
WESLEY CHAPEL FL 33543**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3596909

Applied For

Not Applicable

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****HUGHES, GEORGE**
27045 SEA BREEZE WAY
WESLEY CHAPEL FL 33543

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**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** PD ☐ Delete
NAME SANNUTO, JOHN
STREET ADDRESS 9015 MAVIS ROAD
CITY-ST-ZIP BROOKSVILLE FL 34613**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VD ☐ Delete
NAME BALLISH, CHRIS
STREET ADDRESS 27038 SEA BREEZE WAY
CITY-ST-ZIP WESLEY CHAPEL FL 33543**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** DTS ☐ Delete
NAME HUGHES, GEORGE
STREET ADDRESS 27045 SEA BREEZE WAY
CITY-ST-ZIP WESLEY CHAPEL FL 33543**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 813-978-6853
Date Daytime Phone #

CR2E034 (10/00)