## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P99000083120 May 16, 2000 8:00 am Secretary of State CYBERSUNSHINE, INC. 05-16-2000 90122 014 \*\*\*150.00 Principal Place of Business Mailing Address 3795 WINKLER EXTENSION 3795 WINKLER EXTENSION **SUITE 124** SUITE 124 FORT MYERS FL 33916 FORT MYERS FL 33916-7713 2. Principal Place of Business 3. Mailing Address 21429 WINDHAM RUN 21629 WINDHAM RUN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0949920 Not Applicable ESTERO STERO, Country \$8.75 Additional Zip 5. Certificate of Status Desired 33928 Fee Required 33928 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Change Addition TITLE ☐ Delete ENGELDINGER, CHAD R NAME NAME STREET ADDRESS 3795 WINKLER EXTENSION, SUITE 124 STREET ADDRESS 21629 WINDHAM RUN CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-7IP ESTERO, FL 33928 ☐ Addition **Change** ☐ Delete TITLE TITLE BONTLY, CASSANDRA NAME 21629 WINDHAM RUN 3795 WINKLER EXTENSION, SUITE 124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESTERO, FL 33928 FORT MYERS FL 33916 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

941-949-7048

Daytime Phone #