## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000086997

Entity Name: CYBERCO, INC.

FILED Apr 22, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 8505 DEERFIELD BEACH, FL 33443 **Current Mailing Address: New Mailing Address:** P O BOX 8505 DEERFIELD BEACH, FL 33443 FEI Number: 65-0954779 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TALBOTT, R 3901 MAURICE DR DELRAY BEACH, FL 33445 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition TALBOTT, TR Name: Name: TALBOTT, T 3901 MAURIAL DR. 3901 MAURIAL DR. Address: Address: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition TALBOTT. D Name: TALBOTT, DR Name: 3901 MAURIAL DRIVE 3901 MAURICE DRIVE Address: Address:

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: VS () Delete Title: VS (X) Change () Addition

Name: TALBOTT, S S Name: TALBOTT, S

Address: 3901 MAURIAL DRIVE Address: 3901 MAURICE DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. TALBOTT PD 04/22/2002