

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90767 028 \*\*\*150.00

DOCUMENT # 259635

1. Entity Name  
CYPRESS LAKE NO 10, INC.



Principal Place of Business  
1411 S E 9TH AVE  
POMPANO BEACH FL 33060

Mailing Address  
1411 S E 9TH AVE.  
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1447940

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALSH, RACHEL K  
1411 SE 9TH AVE  
POMPANO BCH FL 33060

Name: **Beverly REDGATE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1411 S.E. 9TH AVE**  
**Pomp. Beach,**  
City **FL** Zip Code **33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALSH, RACHEL K	
STREET ADDRESS	1411 SE 9TH AVE	
CITY-ST-ZIP	POMPANO, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS	
STREET ADDRESS	1411 SE 9TH AVE	
CITY-ST-ZIP	POMPANO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVY, BARBARA	
STREET ADDRESS	1411 S.E. 9TH AVENUE	
CITY-ST-ZIP	POMPANO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly REDGATE	
STREET ADDRESS	1411 S.E. 9TH AVE	
CITY-ST-ZIP	POMPANO BCH FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Trens.

4/11/03

(954) 788-9933

Date

Daytime Phone #

CR2E034 (10/02)