

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90067 040 \*\*\*150.00

**DOCUMENT # 260621**

1. Entity Name  
**THE CYPRESS PRESS, INC.**

Principal Place of Business

**230 HIGH ST  
 BELFAST ME 04915  
 US**

Mailing Address

**230 HIGH ST  
 BELFAST ME 04915  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0971061**

Applied For  
 Not Applicable

Zip Country

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

**MCTAGGART, J L  
 1020 HERON CT  
 DUNEDIN FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-issuing) 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  Delete  
 NAME **PD MCTAGGART SR, JOHN L**  
 STREET ADDRESS **230 HIGH ST**  
 CITY - ST - ZIP **BELFAST ME**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
 NAME **V MCTAGGART JR, JOHN L**  
 STREET ADDRESS **230 HIGH ST**  
 CITY - ST - ZIP **BELFAST ME**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
 NAME **D MCTAGGART, HARRIET**  
 STREET ADDRESS **230 HIGH ST**  
 CITY - ST - ZIP **BELFAST ME**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
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TITLE  Change  Addition  
 NAME  
 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: J. L. MCTAGGART PRES **J. L. MCTAGGART PRES** 9 Jun 01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)