2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G25578

1. Entity Name

CYPRESS SPRINGS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90305 039 ***150.00

Principal Place of Business	Mailing Address
HWY 79 N CYPRESS SPRING RD P.O. BOX 726 VERNON FL 32462 US	C/O HAROLD VICKERS P.O. BOX 726 VERNON FL 32462-0726

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Hwy 79 N Cypress Spr. Rd.	C/O HAROLD VICKERS
Suite, Apt. #, etc. (P.O. Box 626 Bonifay Fl 32425)	Suite, Apt. #, etc. P.O. BOX 626
City & State: VERNON FLORIDA	City & State: BONIFAY FLORIDA
Zip: 32462 / Country:	Zip: 32425 / Country:

4. FEI Number 59-2465915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VICKERS, HAROLD
HWY 79 N - CYPRESS SPRINGS RD
VERNON FL 32462

7. Name and Address of New Registered Agent

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, 2000 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	DP ☐ Delete	TITLE	DP ☑ Change ☐ Addition
NAME	VICKERS, HAROLD	NAME	VICKERS, HAROLD
STREET ADDRESS	P O BOX 726 N/A	STREET ADDRESS	P.O. Box 626
CITY-ST-ZIP	VERNON, FL 00000	CITY-ST-ZIP	BONIFAY, FLORIDA 32425
TITLE	S ☐ Delete	TITLE	S ☑ Change ☐ Addition
NAME	VICKERS, LINDA	NAME	VICKERS, LINDA
STREET ADDRESS	P. O. BOX 726 N/A	STREET ADDRESS	PO BOX 626
CITY-ST-ZIP	VERNON FL	CITY-ST-ZIP	BONIFAY, FLORIDA 32425
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: Linda Vickers 1-11-2000 850-535-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #