

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90017 029 ***150.00

DOCUMENT # G25578

1. Entity Name
CYPRESS SPRINGS, INC.

Principal Place of Business
**HWY 79 N CYPRESS SPRING RD
 P.O. BOX 726
 VERNON FL 32462
 US**

Mailing Address
**C/O HAROLD VICKERS
 P.O. BOX 726
 VERNON FL 32462**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
HWY 79N Cypress Springs Rd.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 626
 Suite, Apt. #, etc.

City & State
VERNON Fla.

City & State
BONIFAY Fla.

4. FEI Number **59-2465915**

Applied For
 Not Applicable

Zip
32462

Country

Zip
32425

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

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | DP VICKERS, HAROLD PO BOX 626 BONIFAY FL 32425 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VICKERS, LINDA PO BOX 626 BONIFAY FL 32425 <input type="checkbox"/> Delete |
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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* **LINDA VICKERS Sec.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01
Date

Daytime Phone #

CFR2E034 (10/00)