## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 03, 2002 8:00 am & P93000010251 Secretary of State DOCUMENT # 1. Entity Name 03-03-2002 90067 007 \*\*\*158.75 CYPRESS BUILDERS, INC. Principal Place of Business Mailing Address -6990 CYPRESS COVE CIR 6990 CYPRESS COVE CIR JUPITER FL 33458 JUPITER FL 33458 US US 2. Principal Place of Business 21 N. HEPBURN AVE 261 BARBADOS Drive Suite, Apt. #, etc. 301+e Z5 DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number FLORIDA FLOMBA 65-0408695 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT GOMEZ GOMEZ, ROBERT Street Address (P.O. Box Number is Not Acceptable) -6990 CYPRESS COVE CIRCLE BARBADOS DRIVE JUPITER FL 33458 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. POBENT GOMEZ (NOTE: Registered Agent signature required when reinstating) SIGNATURE ure affect or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE **PVPS** ☐ Delete TITLE ☐ Addition NAME **GOMEZ ROBERT** NAME 261 BARBADOS Drive STREET ADDRESS STREET ADDRESS 6990 CYPRESS COVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete 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.

FILED