

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90010 043 ***150.00

0004689

DOCUMENT # P99000067783

1. Entity Name
CYPRESS POND ENTERPRISES, INC.

Principal Place of Business Mailing Address
6916 CYPRESS LAKE COURT 6916 CYPRESS LAKE COURT
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

59-3592458

4. FEI Number **59-2710765** Applied For Not Applicable

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

BOTTOM, SUSAN TITUS
6916 CYPRESS LAKE COURT
ST. AUGUSTINE FL 32086

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 Susan Titus Bottom must correct EIN 4-27-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	P BOTTOM, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	6916 CYPRESS LAKE CT.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE NAME	VP BOTTOM, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	6916 CYPRESS LAKE CT.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CORRECTION	
CITY-ST-ZIP	TOP	
TITLE NAME	BOTTOM, JAMES TERRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	"JANET WAS	
CITY-ST-ZIP	AN ENTRY ERROR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SHOULD HAVE BEEN	
CITY-ST-ZIP	JAMES TERRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BOTTOM AS SHOWN	
CITY-ST-ZIP	ON LAST YEARS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FARM	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: Susan Titus Bottom 4-27-01 904-797-4360
Signature and typed or printed name of signing officer or director Date Dept. File Photo #

CR2E034 (10/00)