

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90045 045 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000108524

1. Entity Name
CYRUS COMPANIES, INC.

| | |
|---|---|
| Principal Place of Business 6959 ALMOURS DRIVE JACKSONVILLE FL 32217 | Mailing Address 6959 ALMOURS DRIVE JACKSONVILLE FL 32217 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---------------------------------|--|
| 4. FEI Number 59-3613539 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C
 1 INDEPENDENT DRIVE, SUITE 2301
 JACKSONVILLE FL 32202**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, C. MCNEILL JR | |
| STREET ADDRESS | 6959 ALMOURS DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, FRANCINE C | |
| STREET ADDRESS | 6959 ALMOURS DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, AMANDA C | |
| STREET ADDRESS | 6959 ALMOURS DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, TRACY G | |
| STREET ADDRESS | 6959 ALMOURS DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *C. McNeill Baker, Jr.* **C. McNeill Baker, Jr.** 1-03-01 904-398-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)