

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90336 006 ***150.00

DOCUMENT # 290475

1. Entity Name

CYPRESS CONSTRUCTION COMPANY OF WINTER HAVEN

Principal Place of Business

**463 US HWY 27 SOUTH
LAKE HAMILTON FL 33851**

Mailing Address

**P.O. BOX 719
LAKE HAMILTON FL 33851
US**

2. Principal Place of Business

29600 B U.S. Hwy 27

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Hamilton FL

City & State

4. FEI Number

59-1822361

Applied For

Not Applicable

Zip

33851

Country

POIK

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNLSP, GEORGE
205 W. MAIN
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name

Strnad Roland

Street Address (P.O. Box Number is Not Acceptable)

3828 Gaines Cove

City

Winter Haven

FL

Zip Code

33884

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

Roland Strnad

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PD** ☐ Delete
NAME **STRNAD, ROLAND**
STREET ADDRESS **3828 GAINES COVE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **S** ☐ Delete
NAME **STRNAD, INEZ I.**
STREET ADDRESS **3828 GAINES COVE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **V** ☐ Delete
NAME **STRNAD, GARY D.**
STREET ADDRESS **810 CARLTON COURT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **TV** ☒ Delete
NAME **STRNAD, DAN A.**
STREET ADDRESS **PO BOX 567**
CITY-ST-ZIP **LAKE HAMILTON FL 33851-0567**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Roland Strnad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 863-439-4871

Date

Daytime Phone #

CR2E034 (9/01)