

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90439 011 ***150.00

DOCUMENT # 290475



1. Entity Name
CYPRESS CONSTRUCTION COMPANY OF WINTER HAVEN

Principal Place of Business
**29600 B US HWY 27
LAKE HAMILTON FL 33851**

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

2. Principal Place of Business
3828 Gaines Cove

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven

City & State

Zip
33884

Country
POIK

Zip

Country

4. FEI Number **59-1822361**

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

**STRNAD, ROLAND
3828 GAINES COVE
WINTER HAVEN FL 33884**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **STRNAD, ROLAND**
STREET ADDRESS **3828 GAINES COVE**
CITY - ST - ZIP **WINTER HAVEN FL**

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

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

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

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

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

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-03

863-439-4871

CR2E034 (10/02)