

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90062 011 ****61.25

0007072

DOCUMENT # 725590

1. Entity Name

CYPRESS BEND PROTECTIVE CORPORATION, INC.



Principal Place of Business

**2301 CYPRESS BEND DR. SO.
POMPANO BEACH FL 33069**

Mailing Address

**2301 CYPRESS BEND DR. SO.
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1577746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KAYE & ROGERG, PA
6261 NW 6TH WAY #103
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name
Robert Kaye & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6th Way, #103

Ft. Lauderdale

City

FL

Zip Code
33309

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

Robert Kaye President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-21-03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PETERS, BARBARA	
STREET ADDRESS	2217 CYPRESS ISLAND DR. #205	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, MARLENE	
STREET ADDRESS	2208 CYPRESS BEND DRIVE S #202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, JAMES	
STREET ADDRESS	2222 CYPRESS BEND DR N 410	
CITY-ST-ZIP	POMPANO BCH. FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LONOW, VIRGINIA	
STREET ADDRESS	2304 CYPRESS BEND DR S #505	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROZIER, BARBARA	
STREET ADDRESS	2220 CYPRESS BEND DR N #201	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vander Kodde, Kenneth	
STREET ADDRESS	2208 Cypress Bend Dr. S. #508	
CITY-ST-ZIP	Pompano Beach, FL. 33069	
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		

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 617, 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

CR2E037 (4/03)