

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000868

1. Entity Name

CYGNUS RESOURCES, INCORPORATED

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90185 031 ***150.00

Principal Place of Business

Mailing Address

1002 S. 250 E
PROVO UT 84606

1002 S. 250 E
PROVO UT 84606

2. Principal Place of Business

1078 S. 250 E.

3. Mailing Address

1078 S. 250 E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PROVO UTAH

City & State

PROVO UTAH

Zip

84606

Country

USA

Zip

84606

Country

USA

4. FEI Number

87-0629346

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent 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 | P | <input type="checkbox"/> Delete |
| NAME | LUND, STEVEN J | |
| STREET ADDRESS | 75 WEST CENTER STREET | |
| CITY-ST-ZIP | PROVO UT 84601 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LINDLEY, COREY B | |
| STREET ADDRESS | 75 WEST CENTER STREET | |
| CITY-ST-ZIP | PROVO UT 84601 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SWAN, PAUL D | |
| STREET ADDRESS | 1002 S. 250 E | |
| CITY-ST-ZIP | PROVO UT 84606 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HARWARD, JIM | |
| STREET ADDRESS | 75 WEST CENTER STREET | |
| CITY-ST-ZIP | PROVO UT 84601 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HUNT, M. TRUMAN | |
| STREET ADDRESS | 75 WEST CENTER STREET | |
| CITY-ST-ZIP | PROVO UT 84601 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALLS, KEITH R | |
| STREET ADDRESS | 75 WEST CENTER STREET | |
| CITY-ST-ZIP | PROVO UT 84601 | |

| | |
|----------------|---|
| 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 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

(801) 345-2600

Daytime Phone #

CR2E034 (10/00)