

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90440 036 ***150.00

DOCUMENT # F96000003121

1. Entity Name
JULINGTON - CYPRESS, INC.



Principal Place of Business
**100 CONGRESS AVENUE #1590
AUSTIN TX 78701
US**

Mailing Address
**100 CONGRESS AVENUE #1590
AUSTIN TX 78701
US**



2. Principal Place of Business
1501 SOUTH MOPAC

3. Mailing Address
1501 SOUTH MOPAC

Suite, Apt. #, etc.
EXPRESSWAY, SUITE 230

Suite, Apt. #, etc.
EXPRESSWAY, SUITE 230

City & State
AUSTIN, TX

City & State
AUSTIN, TX 78746

Zip
78746

Country
USA

Zip
78746

Country
USA

4. FEI Number **76-0505958**

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

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

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
CLARK, STEPHEN T
100 CONGRESS AVENUE #1590
AUSTIN TX 78701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
CLARK, M T
1717 ST JAMES PLACE STE 220
HOUSTON TX 77056** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BONARIO, MICHELLE
100 CONGRESS AVENUE #1590
AUSTIN TX 78701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1501 SOUTH MOPAC EXPRESSWAY, SUITE 230
AUSTIN, TX 78746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Same as above

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

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

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-13-03

512-494-8510

Date

Daytime Phone #

CR2E034 (10/02)