

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90013 011 \*\*\*150.00

DOCUMENT # K06621

1. Entity Name

CYPRESS MOWER, INC.

Principal Place of Business

1541 N. FL MANGO RD.  
 BLDG 19-17

Mailing Address

1541 N. FL MANGO RD  
 BLDG 19-17

WEST PALM BEACH, FL. 33409 WEST PALM BEACH, FL  
 33409

2. Principal Place of Business

3. Mailing Address

6256 MULLIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER, FL

4. FEI Number

65-0015798

Applied For

Not Applicable

Zip

Country

Zip

33458

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

00060568

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERWOOD, DAVID G.  
 6256 MULLIN ST.  
 JUPITER, FL 33458

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, 2000 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 ☐ Delete  
 NAME PRESIDENT  
 STREET ADDRESS DAVID G. SHERWOOD  
 CITY-ST-ZIP 6256 MULLIN ST  
 JUPITER, FL 33458

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

TITLE ☐ Delete  
 NAME VICE PRES / SECRETARY  
 STREET ADDRESS SARA V. SHERWOOD  
 CITY-ST-ZIP 6256 MULLIN ST  
 JUPITER, FL 33458

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

TITLE ☐ Delete  
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 STREET ADDRESS  
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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:

Sara y. Sherwood  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA  
 SHERWOOD

5/11/00 561-471-1596  
 Date Daytime Phone #

CR2E034 (9/99)