

2001 UNIFORM BUSINESS REPORT (UBR)

0019612 AF

DOCUMENT # L00000010249

1. Entity Name
CYPRESS CREEK RENTALS, LLC

FILED

01 APR 12 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1937 GRACE AVENUE
FORT MYERS FL 33901

Mailing Address
1937 GRACE AVENUE
FORT MYERS FL 33901

2. Principal Place of Business
9541 Cypress Lake Dr

3. Mailing Address
9541 Cypress Lake Dr

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.
Suite 5

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
65-1034954

Applied For
Not Applicable

Zip
33919

Country
LEE

Zip
33919

Country
LEE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAMPS, JOHN E
1937 GRACE AVENUE
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

9541 Cypress Lake Drive, Suite 5

Fort Myers, FL

City

FL

Zip Code

33919

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

John E. Stamps

4/9/2001

(Signature typed or printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004036483--5
-04/20/01--01110--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM John E. Stamps 9541 Cypress Lake DR, #5 Fort Myers, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM John E. Stamps 9541 Cypress Lake DR, #5 Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John E. Stamps, MM 4/9/2001 941-275-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)