

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90010 004 ****50.00

DOCUMENT # L01000006769

1. Entity Name

CYPRINA INTEGRA, LLC

Principal Place of Business

**695 E. GOLF DR., UNIT 10
 SANIBEL ISLAND FL 33957**

Mailing Address

**695 E. GOLF DR., UNIT 10
 SANIBEL ISLAND FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**664 N. Hillcrest Rd
 Vincennes Indiana
 47591 KNOX**

4. FEI Number

65-1114677

Applied For

Not Applicable

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

**CORPDIRECT AGENTS
 103 N. MERIDIAN ST., LOWER LEVEL
 TALLAHASSEE FL 32301**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete

NAME **LINDA A. POWERS**
 STREET ADDRESS **664 HILLCREST RD**
 CITY-ST-ZIP **VINCENNES, INDIANA 47591**

TITLE **PRESIDENT** ☐ Change ☒ Addition

NAME **LINDA A. POWERS**
 STREET ADDRESS **664 Hillcrest Rd**
 CITY-ST-ZIP **Vincennes, Indiana 47591**

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

NAME
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 CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

NAME
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 CITY-ST-ZIP

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:

Linda A. Powers

4-5-02 8128822320

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

Date

Daytime Phone #

CR2E083 (9/01)