

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # L02000002616**

1. Entity Name

**CYPRESS CLOCKS OF FLORIDA, LLC**



04-15-2003 90082 001 \*\*\*\*\*5.00  
04-15-2003 90082 002 \*\*\*\*\*50.00

Principal Place of Business

**2 SEABREEZE DRIVE  
ORMOND BEACH FL 32176**

Mailing Address

**2 SEABREEZE DRIVE  
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**04** CHECK HERE IF MAKING CHANGES

4. FEI Number

**010599591**

Applied For

Not Applicable

5. Certificate of Status Desired

**✓**

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE, SUITE B-1  
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

**Alicia Peters**

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

**2 SEABREEZE DRIVE**

City

**Ormond Beach**

FL

Zip Code

**32176**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CASAS, ERIC B**  
STREET ADDRESS **2 SEABREEZE DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **MGRM** ☐ Delete  
NAME **PETERS-CASAS, ALICIA**  
STREET ADDRESS **2 SEABREEZE DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**Alicia Peters**

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

**4/7/03**

Date

**407-400-6291**

Daytime Phone #

CR2E083 (10/02)