

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060491

1. Entity Name

CYPRESS CREEK WOODWORKS AND LUMBER, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 017 ***158.75

Principal Place of Business

Mailing Address

~~1003 GARRISON AVE~~
~~PORT ST LUCIE FL 32450~~

645 STEBEL AVE.
WEWAHITCHICA, FL 32465

~~1003 GARRISON AVE~~
~~PORT ST LUCIE FL 32450~~

645 STEBEL AVE.
WEWAHITCHICA, FL 32465

2. Principal Place of Business

3. Mailing Address

645 STEBEL AVE

645 STEBEL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WEWAHITCHICA, FL

City & State
WEWAHITCHICA, FL

4. FEI Number
59-3661964

Applied For
Not Applicable

Zip

Country

32465

USA

Zip

Country

32465

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, ROBERT WALTER

~~1003 GARRISON AVE~~

~~PORT ST LUCIE FL 32450~~

645 STEBEL AVE.

WEWAHITCHICA, FL 32465

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROBERT W. GRAHAM
645 STEBEL AVE.
WEWAHITCHICA, FL 32465

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT I
KATHY S. GRAHAM
645 STEBEL AVE.
WEWAHITCHICA, FL 32465

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT II
ROY WOOD
588 LING ST.
PORT ST. JOE, FL 32456

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)