

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90291 044 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028049

1. Entity Name

CYPRESS CONSTRUCTION COMPANY OF LAKE HAMILTON, I  
 NC.

Principal Place of Business

463 US HWY 27 SOUTH  
 LAKE HAMILTON FL 33851

Mailing Address

PO BOX 719  
 LAKE HAMILTON FL 33851

31832

2. Principal Place of Business

29600 B US Hwy 27  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Lake Hamilton FL

City &amp; State

4. FEI Number

NC 59-3705484

Applied For

Not Applicable

Zip

33851

Country

PolK

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STRNAD, DAN  
 463 US HWY 27 SOUTH  
 LAKE HAMILTON FL 33851

7. Name and Address of New Registered Agent

Name

Strnad, Gary

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

29600B U.S. Hwy 27

City

Lake Hamilton

FL

Zip Code

33851

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]*  
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

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, 2002 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

TITLE PS  
 NAME STRNAD, GARY ☐ Delete  
 STREET ADDRESS 46 BREAM STREET  
 CITY-ST-ZIP HAINES CITY FL 33844

TITLE VT ☒ Delete  
 NAME STRNAD, DAN  
 STREET ADDRESS 4800 WHITE CLAY PIT ROAD  
 CITY-ST-ZIP HAINES CITY FL 33844

TITLE TEASUVER ☐ Delete  
 NAME STRNAD, ROLAND  
 STREET ADDRESS 3828 GAINES COVE  
 CITY-ST-ZIP Winter Haven FL 33884

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 807, 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

863/439-4871

Daytime Phone #

CR2E034 (9/01)