2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # P20653** 1. Entity Name CYPRESS FARM, INC. 4-17-2001 90028 035 ***150.00 Principal Place of Business Mailing Address 220 E. FIFTH STREET 815 BEACH LAND BLVD LOUISVILLE GA 30434 VERO BEACH FL 32963 But the state of the 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-1321468 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEUTTELL, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1850 43RD AVE., STE. C-11 VERO BEACH FL 32960 Zip Code City ! 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITI F ☐ Delete TITI F NAME NAME NISSEN, SOENKE STREET ADDRESS STREET ADDRESS SEMPER STR. 12 CITY-ST-ZIP CITY-ST-ZIP 2 HAMBURG 60 - GERMANY Delete Addition TITLE ☐ Change TITLE. NAME NAME BEUTTELL, GEORGE STREET ADDRESS STREET ADDRESS 1850 43RD AVE, STE. C11 CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32960 TITLE Change Addition 🗌 Delete TITLE NAME NAME MEHNERT, VOLKER STREET ADDRESS STREET ADDRESS 1155 RENG-LEVESQUE BLVD. W., STE. 3000 CITY-ST-ZIP CITY-ST-ZIP MONTREAL, QUEBEC H3B -4K8 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

GNING OFFICER OR DIRECTOR