

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90865 004 ***150.00

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DOCUMENT # P92000011299

1. Entity Name
CYPRESS FOODS MANAGEMENT GROUP, INC.



Principal Place of Business
**3877 RECKEN HWY
SUITE #4
WINTER HAVEN FL 33880
US**

Mailing Address
**P. O. BOX 9021
WINTER HAVEN FL 33883-9021
US**

70024397



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1901 TINDEL CAMP Rd
SUITE, Apt. #, etc.
5411 ST. HELENA RD.**

3. Mailing Address
**P.O. Box 9021
SUITE, Apt. #, etc.**

City & State
**LAKE WALES FL
Zip 33853 Country**

City & State
**Winter Haven FL
Zip 33883 Country**

4. FEI Number **59-3153797**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAMMONS, ROBERT O
139 AVENUE C SW
WINTER HAVEN FL**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FORD, TOMMY J	
STREET ADDRESS	PO BOX 818 N/A	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SALMI, KEITH G	
STREET ADDRESS	9435 W. LAKE MARION ROAD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Tommy Ford* **SIGNATURE REQUIRED**

TOMMY FORD PRESIDENT

2-26-03

Date

863-439-0002

Daytime Phone #

CR2E034 (10/02)