## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9400048367 1. Entity Name CYPRESS CORNER, INC.

## FILED Feb 01, 2000 8:00 am Secretary of State

CYPRESS CORNER, INC.				02-01-2000 90023 003 ***150.00		
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			
4353 W. MAIN ST MIMS FL 32754 US		3090 SAUNDERS PLACE TITUSVILLE FL 32780-310	8			
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State		4. FEI Number 59-3255269 Applied For Not Applied For		Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Re	egistered Agent	
3090	ENE, LUELLA A D SAUNDERS PLACE ISVILLE FL 32780		Street Addres	ss (P.O. Box Number is Not Acceptable)		Code
		nt for the nursess of changing i	to realistance office or realis	stared agent or both in the State of Flor	ida	
SIGNATURE .  9. This corporate filing r	Signature, typed or printed name of registered a coration is eligible to satisfy its Intangrequirement and elects to do so. ria on back)	gible FILE NOV	DTE: Registered Agent signature requiversity:  VIII FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of \$	uired when reinstating)  10. Election Campaign Fina Trust Fund Contribution	DATE	55.00 May Be dded to Fees
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9. This corporate filing in (See criteria) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a prattion is eligible to satisfy its Intangrequirement and elects to do so. ria on back)  OFFICERS A	gible  FILE NOW  After MAY 1, 2  Make Check Paya  AND DIRECTORS  Delete	OTE: Registered Agent signature requirement of \$2000 Fee will be \$550.00 able to Department of \$12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	10. Election Campaign Fina Trust Fund Contribution	DATE  ancing  A  CERS AND DIREC	dded to Fees  TORS IN 11  nge
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13. Thereby certify that the information supplied with this filling 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 OF PRINTE THAME OF SIGNING OFFICER OR DIRECTOR

1-19-2010 321-261-3425
Daytime Phone #