

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

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90192 015 \*\*\*150.00

DOCUMENT # *P94000075298*

1. Entity Name  
*CYPRESS POINTE MOBILE  
HOME PARK, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1055W First Road*

3. Mailing Address  
*1055W First Road*

DO NOT WRITE IN THIS SPACE

City & State  
*Lake Butler Fla*

City & State  
*Lake Butler Fla*

4. FEI Number  
*58-2142014*

Applied For  
Not Applicable

Zip  
*32054*

Country  
*Union*

Zip  
*32054*

Country  
*Union*

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Agnes Sapp*

Street Address (P.O. Box Number is Not Acceptable)  
*1015 5W First Road*

City  
*Lake Butler*

FL

Zip Code  
*32054*

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  
*Agnes Sapp*

(NOTE: Registered Agent signature required when reinstating)

DATE  
*5-18-03*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SAPP, Agnes P. 1698 Bickett Rd The Keyes A 32084</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  
*Agnes Sapp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
*5-18-03*

DAYTIME PHONE #  
*770-934-6690*

CR2E034B (12/02)