

**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

City & State
Lake Butler Fla

City & State
Lake Butler Fla

Zip
32054

Country
Union

4. FEI Number
58-2142014

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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
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

DATE
5-18-03

(NOTE: Registered Agent signature required when reinstating)

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 Key GA 30084</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)