2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am s Secretary of State DOCUMENT # P94000086233 05-15-2001 90095 009 ***150.00 CYPRESS HOLLOW FARMS, INC. Principal Place of Business Mailing Address ひいりつつびなる 561 20TH AVE. NW 561 20TH AVE. NW NAPLES FL 34120 NAPLES FL 34120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0701298 Not Applicable Zip Country 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 **BOYATT, ANTHONY D** Street Address (P.O. Box Number is Not Acceptable) 561 20TH AVE. NW NAPLES FL 33964 City 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. 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 9. This corporation is eligible to satisfy its Intangible 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPV CR2E034 (10/00) TITLE TITLE ☐ Delete BOYATT, ANTHONY D NAME NAME STREET ADDRESS 561 20TH AVE. NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33964 ☐ Change ☐ Delete TITLE ☐ Addition TITLE BOYATT, ANTHONY D NAME NAME STREET ADDRESS 561 20TH AVE. NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33964 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby 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. changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE: 1

CITY-ST-ZIP

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 592-0221

FILED