

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000022868**1. Entity Name
CYPRESS MECHANICAL INC.

Principal Place of Business

7211 N DALE MABRY HWY
SUITE 211
TAMPA
33614

FL

US

Mailing Address

19106 FORREST DRIVE
ODESSA
335569429

FL

2. Principal Place of Business

14103 STATE ROAD 54

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

4. FEI Number

59-3367509

Applied For

Not Applicable

Zip
33556Country
US

Zip

Country

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALMENGUAL KEVIN F & LYND
19106 FORREST DRIVEODESSA FL
33556 US

7. Name and Address of New Registered Agent

Name

ALMENGUAL KEVIN & LYND

Street Address (P.O. Box Number is Not Acceptable)
19106 FORREST DRIVECity
ODESSA

FL

Zip Code
335569429

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 ALMENGUAL, KEVIN F & LYND N

04/19/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VSC	<input type="checkbox"/> Delete
NAME	ALMENGUAL KEVIN F.	
STREET ADDRESS	19106 FORREST DR	
CITY-ST-ZIP	ODESSA FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALMENGUAL LYND N	
STREET ADDRESS	19106 FORREST DR	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMENGUAL KEVIN F	
STREET ADDRESS	19106 FORREST DR	
CITY-ST-ZIP	ODESSA FL 335569429	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMENGUAL LYND N	
STREET ADDRESS	19106 FORREST DR	
CITY-ST-ZIP	ODESSA FL 335569429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynda N. Almengual

P

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)