

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 US	FL	Mailing Address 19106 FORREST DRIVE ODESSA 335569429 FL
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2. Principal Place of Business 14103 STATE ROAD 54	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ODESSA FL	City & State
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Zip 33556	Country US	Zip	Country
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4. FEI Number 59-3367509	Applied For <input type="checkbox"/> Not Applicable
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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 DRIVE
 ODESSA 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 DRIVE
 City
 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 & LYNDAN DATE 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 NAME STREET ADDRESS CITY-ST-ZIP	VSC ALMENGUAL KEVIN F. <input type="checkbox"/> Delete 19106 FORREST DR ODESSA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALMENGUAL LYNDAN <input type="checkbox"/> Delete 19106 FORREST DR ODESSA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC ALMENGUAL KEVIN F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19106 FORREST DR ODESSA FL 335569429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALMENGUAL LYNDAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19106 FORREST DR ODESSA FL 335569429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)