

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90090 015 ***150.00

DOCUMENT # P98000004709

1. Entity Name
CYPRESS TRIANGLE, INC.

Principal Place of Business
2721 GULF BREEZE PARKWAY
GULF BREEZE FK 32561

Mailing Address
2721 GULF BREEZE PARKWAY
GULF BREEZE FK 32561

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LAMPLEY, HINTON JR.
2 POINT COMFORT COURT
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMPLEY, HINTON JR. 2 POINT COMFORT COURT MARY ESTHER FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Lampley Hinton Jr. 2 Point Comfort Court Mary Esther FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACK, EUBY 2639 COVE ROAD NAVARRE FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Black, Euby 2639 Cove Road NAVARRE FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORDELON, JOHN 2665 BAY STREET GULF BREEZE FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *[Signature]* **4-22-02 850-9348228**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)