

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90053 037 ***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
2721 Gulf Breeze Pkwy
Suite, Apt. #, etc.

3. Mailing Address
2721 Gulf Breeze Pkwy
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Gulf Breeze FL

City & State
Gulf Breeze FL

4. FEI Number **59-3487903**

Applied For
 Not Applicable

Zip
32563

Country
USA

Zip
32563

Country
USA

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

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 *John S. Bordelon*
Street Address (P.O. Box Number is Not Acceptable)
2721 Gulf Breeze Parkway
City *Gulf Breeze* FL Zip Code *32563*

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 *John S. Bordelon*
Signature typed or printed name of registered agent and title if applicable.

3-24-03
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAMPLEY, HINTON JR. 2 POINT COMFORT COURT MARY ESTHER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, EUBY 2639 COVE ROAD NAVARRE FL 32566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORDELON, JOHN 2665 BAY STREET GULF BREEZE FL 32561	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *John S. Bordelon* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03

Date

850-934-1000

Daytime Phone #

CRE034 (10/02)