

# 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**

**3. Mailing Address**

2721 Gulf Breeze Pkwy  
Suite, Apt. #, etc.

2721 Gulf Breeze Pkwy  
Suite, Apt. #, etc.

**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**

**7. Name and Address of New Registered Agent**

LAMPLEY, HINTON JR.  
2 POINT COMFORT COURT  
MARY ESTHER FL 32569

**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.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

3-24-03

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ST ☐ Delete  
**NAME** LAMPLEY, HINTON JR.  
**STREET ADDRESS** 2 POINT COMFORT COURT  
**CITY-ST-ZIP** MARY ESTHER FL 32569

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** P ☐ Delete  
**NAME** BLACK, EUBY  
**STREET ADDRESS** 2639 COVE ROAD  
**CITY-ST-ZIP** NAVARRE FL 32566

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VP ☐ Delete  
**NAME** BORDELON, JOHN  
**STREET ADDRESS** 2665 BAY STREET  
**CITY-ST-ZIP** GULF BREEZE FL 32561

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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)