

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020781

1. Entity Name

CYPRESS SIGNS, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90037 016 \*\*\*550.00

Principal Place of Business

13340 W COLONIAL DR. STE 220  
WINTER GARDEN FL 34787

Mailing Address

~~13340 W COLONIAL DR. STE 220~~  
~~WINTER GARDEN FL 34787~~

PO Box 2026  
WINTER GARDEN FL 34786

00081586



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3496474

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERNIER, THOMAS F  
13340 W COLONIAL DR, STE 220  
WINTER GARDEN FL 34787

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D President/Secretary	Delete
NAME	BERNIER, THOMAS F	
STREET ADDRESS	9111 LYTHAM CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	BERNIER ADAM V President	Delete
NAME	BERNIER ADAM V	
STREET ADDRESS	2445 QUIETWATERS LOOP	
CITY-ST-ZIP	OCFEE FL 34761	
TITLE	V/PRES.	Delete
NAME	BERNIER-MATTHEW	
STREET ADDRESS	6909 CACTUS CT.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/00 4076512883

Date

Daytime Phone #

CR2E034 (5/00)