

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90653 039 \*\*\*150.00

**DOCUMENT # P98000031003**

**1. Entity Name**  
**CYPRESS UNDERWRITERS, INC.**

<b>Principal Place of Business</b> 145 NW CENTRAL PARK PLAZA 102 PORT SAINT LUCIE FL 34986	<b>Mailing Address</b> 145 NW CENTRAL PARK PLAZA 102 PORT SAINT LUCIE FL 34986
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**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

103      103

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number** 65-0834267      **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHAPMAN, RONALD E**  
 145 NW CENTRAL PARK PLAZA #102  
 PORT SAINT LUCIE FL 34986

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

**Name**  
 Street Address (P.O. Box Number is Not Acceptable)  
 145 NW Central Park Plaza #103  
 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** *Richard E Chapman*      **APR 25 2002**  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>CHAPMAN, RONALD E</b> 145 NW CENTRAL PARK PLAZA # 102 PORT SAINT LUCIE FL 34986	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 145 NW Central Park Plaza #103
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <input type="checkbox"/> Delete <b>MCCAHILL, FRANCIS X III</b> 145 NW CENTRAL PARK PLAZA # 102 PORT SAINT LUCIE FL 34986	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 145 NW Central Park Plaza #103
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TS</b> <input type="checkbox"/> Delete <b>CHAPMAN, RICHARD K</b> 145 NW CENTRAL PARK PLAZA # 102 PORT SAINT LUCIE FL 34986	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 145 NW Central Park Plaza #103
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Richard Chapman*      **APR 25 2002**      **772-336-9091**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

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CR2E034 (9/01)