

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 026 ***150.00

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DOCUMENT # P98000031003

1. Entity Name
CYPRESS UNDERWRITERS, INC.



Principal Place of Business
145 NW CENTRAL PARK PLAZA
103
PORT SAINT LUCIE FL 34986

Mailing Address
145 NW CENTRAL PARK PLAZA
103
PORT SAINT LUCIE FL 34986



2. Principal Place of Business

3. Mailing Address

-Suite, Apt. #, etc.-

-Suite, Apt. #, etc.-

Suite 115

Suite 115

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0834267

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

CHAPMAN, RONALD E
145 NW CENTRAL PARK PLAZA
#103
PORT SAINT LUCIE FL 34986

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 115

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ronald E Chapman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME CHAPMAN, RONALD E
STREET ADDRESS 145 NW CENTRAL PARK PLAZA #103
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Ste 115

TITLE P
NAME MCCAHL, FRANCIS X III
STREET ADDRESS 145 NW CENTRAL PARK PLAZA #103
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Ste 115

TITLE TS
NAME CHAPMAN, RICHARD K
STREET ADDRESS 145 NW CENTRAL PARK PLAZA #103
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Ste 115

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Richard Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-336-9091
4/30/03

CR2E034 (10/02)