2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P98000045596** 1. Entity Name CYPRESS COMMERCIAL, INC. 05-17-2000 90974 027 ***158.75 Principal Place of Business Mailing Address 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE SUITE 300 SUITE 300 NAPLES FL 34119 NAPLES FL 34119-8908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3515819 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE Delete TITLE RESIDENT OLFES, RICHARD ROLFES, RICHARD NAME NAME GRAND ISLE DAVE STREET ADDRESS 1016 GRAND ISLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Addition Delete Change TITLE TITLE ROLFES, RICHARD NAME STREET ADDRESS 1016 GRAND ISLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Addition TITLE Change TITLE Delete KELLY, JANET NAME NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DRIVE # 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 TITLE ☐ Change ☐ Addition TITLE ☐ Delete KELLY, JANET NAME NAME STREET ADDRESS 4500 EXECUTIVE DRIVE # 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 ICE PRES DENT Addition ☐ Change TITLE ☐ Delete TITLE ROBERT S. HARDY NAME NAMÉ STREET ADDRESS 4500 EXECUTIVE DRIVE #300 STREET ADDRESS CITY-ST-7IP NAPUES TE 34119 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: