## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P98000057592

1. Entity Name

CYPRESS BAY, INC.

**FILED** Mar 06, 2003 8:00 am § Secretary of State

03-06-2003 90124 033 \*\*\*150.00

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| Principal Place of Business 601 S. PALAFOX STREET PENSACOLA FL 32501 |  | Mailing Address P.O. BOX 12725 PENSACOLA FL 32501 |   | 1.100/1.004.200.404.004.004.004             | I Praki arki fotok otki kadok                       | APHAN FARIND ARBU KANA      |
|--|--|---|---|---|---|-----------------------------|
| 2. Principal Place of Business                                       |  | 3. Mailing Address                                |   |   |   |                             |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                               |   | ☐ CHECK HERE IF MAKING CHANGES              |   |                             |
| City & State   |  | City & State                                      |   | 4. FEI Number 59-35209                      | 4. FEi Number 59-3520980 Applied For Not Applied by |                             |
| Zip  | Country  | Zip<br>32591                                      | Country   | 5. Certificate of Status Desire             | d   | Additional                  |
|  | 6. Name and Address of Current   | Registered Agent                                  |   | 7. Name and Address of New                  |   |                             |
| BLANTON, MICHAEL A   |  |   | Name Street Address (P.O. Box Number is Not Acceptable) |   |   |                             |
| 601 S. PALAFOX STREET<br>PENSACOLA FL 32501                          |  |   |   |   |   |                             |
| The above  | a parmed patitives be six ability and  |   | City  |   |   | Code                        |
| the obliga   | e named entity submits this statement fo<br>tions of registered agent.   | r the purpose of changing its i                   | registered office or regis                              | tered agent, or both, in the State of       | Florida. I am familiar w                            | ith, and accept             |
| SIGNATURE  | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE                    | Registered Agent signature requ                         | ired when reinstating)                      | DATE  | <del></del>                 |
| , Afte   | FILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department of  | State   | ***************************************                 | 9. Election Campaign<br>Trust Fund Contribu | Financing _ \$                                      | 5.00 May Be<br>Ided to Fees |
| 10.  | OFFICERS AND   | DIRECTORS   | 11.   | ADDITIONS/CHANGES TO C                      | FFICERS AND DIRECT                                  | ORS IN 11                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | D<br>BLANTON, MICHAEL A<br>601 S. PALAFOX STREET<br>PENSACOLA FL 32501   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   | ☐ Chang   |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | D<br>NICKELSEN, ERIC J<br>601 S. PALAFOX STREET<br>PENSACOLA FL 32501  | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   | ☐ Chanç   | ge                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | D<br>Carr, John S<br>601 S. Palafox Street<br>Pensacola Fl 32501   | □ Delete<br>-                                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   | _ <del></del>                               | ☐ Chang   | ge 🔲 Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | D<br>LOVELACE, WILLIAM Y JR<br>601 S. PALAFOX STREET<br>PENSACOLA FL 32501   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   | ☐ Chang   | e 🗍 Addition                |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                       |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   | ☐ Chang   | e Addition                  |
| TITLE<br>NAME<br>Street address<br>City-St-Zip                       |  | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |   | ☐ Chang   | e Addition                  |
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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:

Canequired John S. Carr, Director

3/4/03

Daytime Phone #