2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2001 8:00 am Secretary of State DOCUMENT # P98000104121 CY PROPERTIES & DEVELOPMENT, INC. 02-22-2001 90122 016 ***150.00 Principal Place of Business Mailing Address 680 WEST INDUSTRIAL AVENUE P.O. BOX 4254 BOYNTON BEACH FL 33424-4254 922736 BOYNTON BEACH FL 33426 2. Principal Place of Business 3. Mailing Address Po Box 244254 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 74-2901651 F٢ NOTHFOR BcH Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33424.4254 USA Fee Required 7. Name and Address of New Registered Agent :6.: Name and Address of Current Registered Agent Name YOHE, MARK D Street Address (P.O. Box Number is Not Acceptable) 680 WEST INDUSTRIAL AVENUE **BOYNTON BEACH FL 33426** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE PSD ☐ Delete TITLE COLE, ROBERT C NAME STREET ADDRESS STREET ADDRESS 2769 SW B STREET CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Delete TITLE ☐ Addition VTD TITLE NAME YOHE, MARK D NAME Po Box 244254 STREET ADDRESS STREET ADDRESS P.O. BOX 4254 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33424-4254 . Addition 🚭 - 🗩 🕳 🖸 Delete 😅 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

nent with an address, with all other like empowered.

MARK D. YOHE SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR