

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90970 037 ***150.00

DOCUMENT # P99000001121

1. Entity Name
CYPRESS TURN ASSOCIATES, INC.



Principal Place of Business
10503 BARNSTABLE CT
TAMPA FL 33626

Mailing Address
10503 BARNSTABLE CT
TAMPA FL 33626

2. Principal Place of Business
3010 ALT 19
Suite, Apt. #, etc.

3. Mailing Address
3010 ALT 19
Suite, Apt. #, etc.

City & State
Palm Harbor, FL
Zip 34683 Country Pinellas

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Palm Harbor, FL
Zip 34683 Country Pinellas

4. FEI Number 59-3563691

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PRIMEAU, ROBERT J
10503 BARNSTABLE CT
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name John E. Bork
Street Address (P.O. Box Number is Not Acceptable)
2660 Powell Lane
City Tarpon Springs FL Zip Code 34688

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 *John E Bork*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03
DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BORK, JOHN	
STREET ADDRESS	2712 POWELL LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PRIMEAU, ROBERT J	
STREET ADDRESS	10503 BARNSTABLE CT	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	VP	<input type="checkbox"/> Delete
NAME	John W. Daniels	
STREET ADDRESS	3010 ALT 19	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Janice BORK	
STREET ADDRESS	2660 Powell Lane	
CITY-ST-ZIP	Tarpon Springs, FL 34688	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Bork	
STREET ADDRESS	2660 Powell Lane	
CITY-ST-ZIP	Tarpon Springs, FL 34688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John E Bork
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

727
942-6319
Daytime Phone #

CR2E034 (10/02)