

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000015379

1. Entity Name

R.K.M. CYPRESS, INC.

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-17-2000 90965 027 ***150.00

Principal Place of Business Mailing Address
100 2ND AVE. S., STE. 204, NORTH TOWER 100 2ND AVE. S., STE. 204, NORTH TOWER
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-4398

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, JAMES C ESQ.
100 2ND AVE. S., STE. 400N
ST. PETERSBURG FL 33701

Name

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

SUITE 1201S

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.

SIGNATURE JAMES C. ROWE, ESQ.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4-25-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT / SECRETARY ☐ Delete
NAME RICHARD K. MALOOF
STREET ADDRESS 100 2ND AVE. S., SUITE 204N
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE VICE PRESIDENT ☐ Delete
NAME WILLIAM C. LLOYD
STREET ADDRESS 100 2ND AVE. S., SUITE 204N
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

RICHARD K. MALOOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD K. MALOOF

4-28-00

Date

727 895-2150

Daytime Phone #

CR2E034 (9/99)