

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/9/

FILED

Jun 21, 2000 8:00 am  
Secretary of State

05-09-2000 90091 009 \*\*\*150.00

DOCUMENT # P99000020091

1. Entity Name

OLDE CYPRESS MARKETING GROUP, INC.

Principal Place of Business

10621 AIRPORT PULLING RD. N. STE. 1  
NAPLES FL 34109

Mailing Address

10621 AIRPORT PULLING RD. N. STE. 1  
NAPLES FL 34109-1599

2. Principal Place of Business

5620 STRAND BLVD.

3. Mailing Address

5620 STRAND BLVD #1

Suite, Apt. #, etc.

SUITE 1C

Suite, Apt. #, etc.

SUITE 1C

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34110

Country

COLLIER

Zip

34110

Country

COLLIER

4. FEI Number

59-3628816

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

NAPLES-LAWDOCK, INC.

4501 TAMiami TR. N., STE. 300

NAPLES FL 34103

Name

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

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

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

(NOTE: Registered Agent's signature required when reinstating)

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	5645 STRAND BLVD #3	<input type="checkbox"/> Delete
NAME	NAPLES FL 34110	
STREET ADDRESS	PAUL HARPY	President
CITY-ST-ZIP		
TITLE	5645 STRAND BLVD #3	<input type="checkbox"/> Delete
NAME	NAPLES FL 34110	
STREET ADDRESS	RENEE TOLSON	VP
CITY-ST-ZIP		
TITLE	5645 STRAND BLVD #3	<input type="checkbox"/> Delete
NAME	NAPLES FL 34110	
STREET ADDRESS	MARK TOLSON	VP
CITY-ST-ZIP		
TITLE	5645 STRAND BLVD	<input type="checkbox"/> Delete
NAME	NAPLES FL 34110	
STREET ADDRESS	LENEE TOLSON	ST
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 (941) 592-7344