

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000031938**1. Entity Name
SUNSHINE STATE CYPRESS, INC.

Principal Place of Business P.O. BOX 179 HOSFORD FL 32334	Mailing Address P.O. BOX 179 HOSFORD FL 32334
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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
59-3580051

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**NORRIS JOHN E**
201 N. MARION ST. STE. 301**LAKE CITY FL**
32055 US**7. Name and Address of New Registered Agent**

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 **JOHN E. NORRIS****04/24/2001**

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

(NOTE: Registered Agent 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	VOGEL JOHN T	
STREET ADDRESS	P.O. BOX 564	
CITY-ST-ZIP	SAN ANTONIO FL 33576	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ST. JAMES WILLIAM	
STREET ADDRESS	P.O. BOX 3785	
CITY-ST-ZIP	CRESTED BUTTE CO 81224	

TITLE	D	<input type="checkbox"/> Delete
NAME	OYLER THOMAS L	
STREET ADDRESS	951 NORTH LAKE SYBELIA DRIVE	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORRIS HAYES	
STREET ADDRESS	P.O. BOX 1407	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	DTS	<input type="checkbox"/> Delete
NAME	MASTIN JAMES T	
STREET ADDRESS	12121 SW 1 STREET	
CITY-ST-ZIP	MICANOPY FL 32667	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL WILLIAM C	
STREET ADDRESS	5300 HAYWOOD RUFFIN ROAD	
CITY-ST-ZIP	SAINT CLOUD FL 34771	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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CITY-ST-ZIP	

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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: James T. Mastin**DTS****04/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)