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May 27, 2003 8:00 am
Secretary of State
05-27-2003 90171 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80122078

DOCUMENT # P99000087713

1. Entity Name
CYPRESS HOLDINGS CORP.

Principal Place of Business	Mailing Address
16903-C ISLE OF PALM DRIVE DELRAY BEACH, FL 33484	16903-C ISLE OF PALM DRIVE DELRAY BEACH, FL 33484

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
142 WHISPERING OAKS CIRCLE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AGUSTINE, FL.	City & State: ST. AGUSTINE, FL.
Zip: 32080 Country: U.S.A.	Zip: 32080 Country: U.S.A

4. FEI Number: 65-0952628 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCRAE, MITCHELL T 16903-C ISLE OF PALM DRIVE DELRAY BEACH, FL 33484	Name: MARC L. LEVINSON, P.A. Street Address (P.O. Box Number is Not Acceptable): 2255 W. GLADES RD. SUITE 324 A City: BOCA RATON, FL Zip Code: 33431

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: [signature] P.A. MARK L. LEVINSON P.A. 5-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOYMAN, SAUL 16903-C ISLE OF PALM DRIVE DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SAUL BOYMAN 142 WHISPERING OAKS CIR. ST. AGUSTINE, FL. 32080	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOYMAN, EVELYN 16903-C ISLE OF PALM DRIVE DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC-TREAS. EVELYN BOYMAN 142 WHISPERING OAKS CIR. ST. AGUSTINE, FL. 32080	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] PRES. SAUL BOYMAN 5-22-03 561-972-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #