

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90319 021 ***150.00

DOCUMENT # P99000096145

1. Entity Name
CUPRESSUS INC.



Principal Place of Business
7246 HUMMINGBIRD LN
NEW PORT RICHEY FL 34655

Mailing Address
7246 HUMMINGBIRD LN
NEW PORT RICHEY FL 34655



2. Principal Place of Business
301 BAY ST

3. Mailing Address
P.O. BOX 805

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TARPON SPRINGS FL

City & State
TARPON SPRINGS FL

City & State
TARPON SPRINGS FL

Zip
34689

Country
USA

Zip
34689

Country
USA

4. FEI Number 59-3630586

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

7. Name and Address of New Registered Agent

HILKERT, DOUGLAS L
2557 NURSEY ROAD
SUITE A
CLEARWATER FL 33764

Name
Donald R. Hall
Street Address (P.O. Box Number is Not Acceptable)
28050 U.S. Hwy 19 N. Suite 402
City
Clearwater FL Zip Code
33761

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PS
STREET ADDRESS BLATZ, BRUCE
CITY-ST-ZIP 7246 HUMMINGBIRD LANE
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE
NAME PS
STREET ADDRESS Blatz, Bruce
CITY-ST-ZIP 7341 Swan Lake Dr
New Port Richey FL 34655 ☒ Change ☐ Addition

TITLE
NAME VPT
STREET ADDRESS WADDLE, THOMAS
CITY-ST-ZIP 7246 HUMMINGBIRD LN
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE
NAME VPT
STREET ADDRESS WADDLE, THOMAS
CITY-ST-ZIP 301 BAY ST
TARPON SPRINGS FL 34689 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Thomas Waddle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

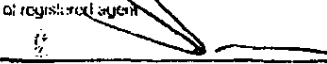
Date

Daytime Phone #

4/17/03 942-6010

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096145			
1. Entity Name: CUPRESSUS INC.			
Principal Place of Business 7246 HUMMINGBIRD LN NEW PORT RICHEY FL 34655		Mailing Address 7246 HUMMINGBIRD LN NEW PORT RICHEY FL 34655	
2. Principal Place of Business 307 BAY ST		3. Mailing Address P.O. BOX 805	
State, Apt. #, etc.		State, Apt. #, etc.	
TARPOON SPRINGS FL		TARPOON SPRINGS FL	
City & State: TARPOON SPRINGS FL		City & State: TARPOON SPRINGS FL	
Zip 34689	Country USA	Zip 34689	Country USA
4. FEIN/EIN/VAN 59-3630586		☐ Check this box if making changes	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILKERT, DOUGLAS L 2557 NURSEY ROAD SUITE A CLEARWATER FL 33764		7. Name and Address of New Registered Agent Name: Donald R. Hall Street Address (P.O. Box Number is Not Acceptable): 28050 U.S. Hwy 19 N. Suite 402 City: Clearwater Zip: 33761	
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 hereby waiving the obligations of registered agent.			
SIGNATURE: 		4-17-03	
FILE NUMBER: 999 18 076000 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Charitable Contribution Exemption ☐ \$5.00 May Be Added to Form	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PS BLATZ, BRUCE 7246 HUMMINGBIRD LANE NEW PORT RICHEY FL 34655	☐ Delete	NAME PS Blatz, Bruce 7341 Swan Lake Dr New Port Richey FL 34655	☒ Change ☐ Addition
NAME VPT WADDLE, THOMAS 7246 HUMMINGBIRD LN NEW PORT RICHEY FL 34655	☐ Delete	NAME VPT WADDLE, THOMAS 307 BAY ST TARPOON SPRINGS FL 34689	☒ Change ☐ Addition
NAME	☐ Delete	NAME	☐ Change ☐ Addition
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NAME	☐ Delete	NAME	☐ Change ☐ Addition
NAME	☐ Delete	NAME	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 or changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/17/03 942-6010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1227	

CPREC34 (10/02)