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	Mailing Address
~~7246 HUMMINGBIRD LN~~ ~~NEW PORT RICHEY FL 34655~~	~~7246 HUMMINGBIRD LN~~ ~~NEW PORT RICHEY FL 34655~~

2. Principal Place of Business		3. Mailing Address	
307 BAY ST		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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3630586 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~HILKERT, DOUGLAS L~~
~~2557 NURSERY 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 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PS	☐ Delete	TITLE	PS	☒ Change ☐ Addition
NAME	BLATZ, BRUCE		NAME	Blatz, Bruce	
STREET ADDRESS	7246 HUMMINGBIRD LANE	→	STREET ADDRESS	7341 Swan Lake Dr	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	VPT	☐ Delete	TITLE	VPT	☒ Change ☐ Addition
NAME	WADDLE, THOMAS		NAME	WADDLE, Thomas	
STREET ADDRESS	7246 HUMMINGBIRD LN	→	STREET ADDRESS	307 BAY ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 — 4/17/03 — 727-942-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

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DOCUMENT # P99000096145

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CUPRESSUS INC.

900096330

[redacted]

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NEW PORT RICHEY FL 34655

Mailing Address
7246 HUMMINGBIRD LN
NEW PORT RICHEY FL 34655

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Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 805
Suite, Apt. #, etc.
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SIGNATURE: [signature] 4-17-03
Date

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BLATZ, BRUCE 7246 HUMMINGBIRD LANE NEW PORT RICHEY FL 34655	☐ Delete	PS Blatz, Bruce 7341 Swan Lake Dr New Port Richey FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT WADDLE, THOMAS 7246 HUMMINGBIRD LN NEW PORT RICHEY FL 34655	☐ Delete	VPT WADDLE, Thomas 307 BAY ST TARPON SPRINGS FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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727.
SIGNATURE: Thomas Waddle 4/17/03 942-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2EC34 (10/02)