

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19434

1. Entity Name

CYPRESS PARTNERS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90106 031 ***150.00

Principal Place of Business

Mailing Address

3501 CORPORATE PARKWAY
PALM CITY FL 34990
US

3501 CORPORATE PARKWAY
PALM CITY FL 34990-8150
US

2. Principal Place of Business

11 OAK HILL WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 412

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART FLORIDA

City & State

JENSEN BEACH, FLORIDA

4. FEI Number

65-0241058

Applied For

Not Applicable

Zip

Country

34996

USA

Zip

Country

34958

USA

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

MESARD, FREDERICK
11 OAK HILL WAY
STUART FL 34996

Name

MESARD, FREDERICK

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME MESARD, FREDERICK, C
STREET ADDRESS 11 OAK HILL WAY
CITY-ST-ZIP STUART FL 34996 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK C. MESARD

4/17/00

561-220-9544

Date

Daytime Phone #

CR2E034 (9/99)