

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91283 003 ***150.00

DOCUMENT # S22349

1. Entity Name
CYPRESS TRUCKING, INC.

Principal Place of Business
8144 MAINLINE PKWY
FORT MYERS FL 33912
US

Mailing Address
8144 MAINLINE PKWY
FORT MYERS FL 33912
US

00066748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7861 Mainline Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
7861 Mainline Pkwy
 Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State
Fort Myers FL

Zip
33912-5930

Country
US

Zip
33912-5930

Country
US

4. FEI Number **65-0235025**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CYNTHIA B. FELLOWS
1504 SW 58TH ST
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5605 SW 14th Ave
 City **Cape Coral** FL Zip Code **33914**

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 *Cynthia B. Fellows* **4/23/01**
 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 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 NAME STREET ADDRESS CITY-ST-ZIP	D FELLOWS, CYNTHIA B. 1504 S.W. 58TH STREET CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5605 SW 14th Ave Cape Coral FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLOWS, GARY A. 1504 S.W. 58TH STREET CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5605 SW 14th Ave Cape Coral FL 33914
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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: *Cynthia B. Fellows Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 **(941) 267-9292**
 Date Daytime Phone #

CR2E034 (10/00)