

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 533777

1. Entity Name
PORT CHARLOTTE CYCLERY, INC.



Principal Place of Business
**% CHARLES D. WINSTON
3052 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address
**% CHARLES D. WINSTON
3052 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90142 026 ***150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1820932**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WINSTON, CHARLES D
21304 BERKSHIRE AVE
PT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

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. 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 STREET ADDRESS CITY-ST-ZIP	PVD WINSTON, CHARLES D 21304 BERKSHIRE AVE PT CHARLOTTE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATH, VERNON W. 5860 HUMMINGBIRD LANE CLARKSTON MI ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATH, JUNE R. 5860 HUMMINGBIRD LANE CLARKSTON MI ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINSTON, PATRICIA S 21304 BERKSHIRE AVE PT CHARLOTTE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

Patricia Winston
PATRICIA WINSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

Date

941-769-7944

Daytime Phone #

CR2E034 (10/02)