

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90484 035 \*\*\*150.00

0649640 SP

DOCUMENT # **F36701**

1. Entity Name  
**RON'S CYCLE SUPPLY, INC.**

Principal Place of Business <b>2617 HWY 60 E          VALRICO FL 33594          US</b>	Mailing Address <b>2617 HWY60 E          VALRICO FL 33594          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>124 N Edwards Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>124 N. Edwards Ave.</b> Suite, Apt. #, etc.
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City & State <b>Brandon Fl.</b>	City & State <b>Brandon Fl.</b>	4. FEI Number <b>59-2101356</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33511</b>	Country <b>USA</b>	Zip <b>33511</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Name and Address of Current Registered Agent <b>CLAY, SHARON S.          2617 HWY 60 EAST          VALRICO FL 33597</b> <i>clay Sharon S          124 N Edwards Ave.          Brandon Fl. 33511</i>	7. Name and Address of New Registered Agent Name <b>Clay Sharon S</b> Street Address (P.O. Box Number is Not Acceptable) <b>124 N Edwards Ave.</b> City <b>Brandon</b> FL Zip Code <b>33511</b>
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP CLAY, RONALD J 101 MORRISON ROAD #D BRANDON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP Clay Ronald J 124 N Edwards Ave. Brandon Fl. 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAY, SHARON S. 101 MORRISON ROAD #D BRANDON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Clay Sharon S 124 N Edwards Ave Brandon Fl. 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANEDA, JOSEPH P. 101 MORRISON ROAD #D BRANDON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Janeda Joseph P 124 N Edwards Ave. Brandon Fl 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4-2-02** **813-685-4338**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/01)