

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90015 005 ***150.00

0846818 SP

DOCUMENT # J34482

1. Entity Name
CYCLE STORE, INC.

Principal Place of Business
3144 MELEUCA ST
WEST PALM BEACH FL 33406
US

Mailing Address
3144 MELEUCA ST
WEST PALM BEACH FL 33406
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Melaleuca

3. Mailing Address

Melaleuca

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1897796

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HENDRICKSON, RALPH D., JR.
3144 MELALEUCA ST.
WEST PALM BEACH FL 33406

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.

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, 2002 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 | PD HENRICKSON, RALPH D JR. 3144 MELALEUCA ST W. PALM BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HENDRICKSON, RALPH D SR 1713 INDEPENDENCE AVE MELBOURNE FL 32940 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD HENRICKSON, DIANNE 3144 MELALEUCA ST W. PALM BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENDRICKSON, PATRICIA 1713 INDEPENDENCE AVE MELBOURNE FL 32940 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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: *Ralph D. Hendrickson Jr* **Ralph D. Hendrickson Jr** 3-9-2002 561-642-8732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)