

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91146 003 \*\*\*150.00

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

DOCUMENT # J66475

1. Entity Name  
JUPITER CYCLES, INC.

666590

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1432 CYPRESS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JUPITER, FL

City & State

4. FEI Number  
59-2803692

Applied For  
Not Applicable

Zip  
33469

Country

Zip

Country

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name MF& ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable)  
11380 PROSPERITY FARMS RD, SUITE 112

City PALM BEACH GARDENS FL Zip Code 33410

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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE P, D  
NAME NORMAN KAIN  
STREET ADDRESS 1432 CYPRESS DR  
CITY- ST- ZIP JUPITER, FL 33458

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Norman Kain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)