

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-14-2003 90170 020 ***150.00

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

DOCUMENT # **K72478**

1. Entity Name
SUN CITY CYCLE, INC.



Principal Place of Business
**388 N NOVA RD
DAYTONA BCH. FL 32114**

Mailing Address
**388 N NOVA RD
DAYTONA BCH. FL 32114
US**

55052660

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2036368**

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

**BROERE, JAMIE
3 AUTUMNWOOD TRAIL
ORMOND BEACH FL 32174**

Name **JAMIE BROERE**
Street Address (P.O. Box Number is Not Acceptable)
1066 Peninsula
City **Ormond Beach** FL **32174**

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

Jamie Broere

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Beatrice Broere

DATE **7/22/03**

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P**
NAME **BROERE, JAMIE** ☒ Delete
STREET ADDRESS **3 AUTUMNWOOD TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **President.** ☒ Change ☐ Addition
NAME **Beatrice Broere**
STREET ADDRESS **86 Pine Valley Cir**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE **V**
NAME **BROERE, BEATRICE** ☒ Delete
STREET ADDRESS **38 PINE VALLEY CIR.**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **Vice Pres.** ☒ Change ☐ Addition
NAME **Jamie Broere**
STREET ADDRESS **1066 Peninsula**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE REQUIRED

Beatrice Broere **7/22/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

386-673-2289

CR2E034 (4/03)

Attachment 55052600

July 10, 2003
K72478

to whom it may concern:

I would like to say that I have had a record of good standing with the 'FOR Profit Corporation' report.

I did not receive a report until yesterday. I was unable to notice that I had not previously received notification since I had been ill & hospitalized since March.

I sincerely apologize for not notifying you that I did not receive notification.

Enclosed is my personal check for \$150.

Yours Truly,

Beatrice Brown, Pres