

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90229 032 ***150.00

DOCUMENT # M88184

1. Entity Name
GRANDPA'S CYCLE CENTER, INC.

Principal Place of Business
3230 PALM BCH BLVD
FT. MYERS FL 33916

Mailing Address
3230 PALM BCH BLVD
FT. MYERS FL 33916

2. Principal Place of Business
3596 Fowler St.
 Suite, Apt. #, etc.

3. Mailing Address
3596 Fowler St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ft. Myers FL
Zip **33901** **Country** **LEE**

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Ft. Myers, FL
Zip **33901** **Country** **LEE**

4. FEI Number **65-0059051** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, LYNDIA
3230 PALM BCH BLVD
FT. MYERS FL 33916

7. Name and Address of New Registered Agent

Name **LYNDA STEWART**
Street Address (P.O. Box Number is Not Acceptable)
3596 Fowler St.
City **Ft. Myers** **FL** **Zip Code** **33901**

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 *Lyndia C Stewart* **LYNDIA C STEWART** **3/20/02**
 (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEWART, MARION 3955 EDGEWOOD AVE FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS STEWART, LYNDIA 3955 EDGEWOOD AVE FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEWART, LYNDIA 3955 EDGEWOOD AVE FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: *Lyndia C Stewart* **LYNDIA C STEWART** **3/20/02** **334-8818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478543 AV

CR2E034 (9/01)