

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003585

FILED
Sep 09, 2003
Secretary of State

Entity Name: CHANGE THE CYCLE, INC.

Current Principal Place of Business:

7211 CRANE AVENUE
JACKSONVILLE, FL 32216

New Principal Place of Business:

1865 WEST EDGEWOOD AVE
JACKSONVILLE, FL 32208

Current Mailing Address:

POST OFFICE BOX 2376
JACKSONVILLE, FL 322032376

New Mailing Address:

FEI Number: 33-1029917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS, CHARLESETTA
11347 BLOSSOM RIDGE TRAIL
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAKER, CHANTE R
Address: P. O. BOX 2376
City-St-Zip: JACKSONVILLE, FL 322032376

Title: VD () Delete
Name: JAMES, NATERIAL
Address: 1542 WEST 32ND STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: JENKINS, ANTOINETTE
Address: 8362 KINKAID COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: SAPP, WILLIAM
Address: 2247 BARRY DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: HOPE, MARI
Address: 5438 BRISTOL BAY COURT
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANTE R. BAKER

PD

09/09/2003

Electronic Signature of Signing Officer or Director

Date