

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069437

1. Entity Name
D.C. CYCLES INC.

FILED

02 SEP 18 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1071 SW 86 AVE
PEMBROKE PINES FL 33025

Mailing Address
1071 SW 86 AVE
PEMBROKE PINES FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1030092

Applied For
Not Applicable

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

CLARKE, DARREN D
1071 SW 86 AVE
PEMBROKE PINES FL 33025

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
PTSD
CLARKE, DARREN D
1071 SW 86 AVE
PEMBROKE PINES FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300007847173--4
-09/19/02--01043--008
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02

954-445-7241

CR2E034 (9/01)

Attachment

P000000669437

Darren Clarke
1071 SW 86 Avenue
Pembroke Pines Fl 33025
(954) 445-7241

August 12, 2002

Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: DC Cycles Inc

Dear State Representative,

- I did not respond to you notices because I was out of the country attending to my grandmother who was ill. I am requesting, and hope that you will consider waving the penalty that was imposed in the letter I received recently. The corporation has been inactive since its inception; and has conducted no business to date. Even though the corporation is inactive, I would prefer that it not be dissolved. I have enclosed the 2002 Uniform Business Report with the \$150.00 filing fee and apologize for not responding by the due date.

Sincerely,


Darren Clarke