

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083822

1. Entity Name

XTREME CYCLE WORKS, INC.

Principal Place of Business

11267 COMMERCIAL WAY
BROOKSVILLE FL 34614

Mailing Address

11267 COMMERCIAL WAY
BROOKSVILLE FL 34614

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

59-3669427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, KEITH R
530 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name JAMES M. SAEVA
Street Address (P.O. Box Number is Not Acceptable)
11267 COMMERCIAL WAY
City BROOKSVILLE FL Zip Code 34614

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, 2001 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

TITLE PD
NAME SAEVA, JAMES M
STREET ADDRESS 10074 CHESHAM DR.
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE VSD
NAME MATTHEWSON, TROY C
STREET ADDRESS 6587 W. OSTWEST
CITY-ST-ZIP HOMASASSA FL 34446 ☐ Delete

TITLE TD
NAME ROMAN, FRANK
STREET ADDRESS 622 RIVERVIEW AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

3-30-01 352-597-0030

0654931

CR2E034 (10/00)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90065 025 ***150.00



DO NOT WRITE IN THIS SPACE