

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90153 007 ***150.00

DOCUMENT # P00000101591

1. Entity Name

ST. CLOUD CYCLES, INC.

Principal Place of Business

**3863 BLACKBERRY CIRCLE
ST. CLOUD FL 34769**

Mailing Address

**3863 BLACKBERRY CIRCLE
ST. CLOUD FL 34769**

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

39-369 2410

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

**HAWKINS, NICK E
3863 BLACKBERRY CIRCLE
ST. CLOUD FL 34769**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------|----------------|-------------|--|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NICK HAWKINS | 3863 Blackberry Circle | St. Cloud, FL 34769 |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Verford E. Hawkins Jr. | 3818 Sunny Dr. | Ocala, FL 32812 |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | AS | 1119000 Bartholomew | 3863 Blackberry Circle |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | St. Cloud, FL 34769 |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <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: **Nick Hawkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

407-925-9338

Daytime Phone #

CP2E034 (10/00)