

2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90376 020 ***150.00

DOCUMENT # P00000115130

1. Entity Name

CYCLE CREATION USA, INC.

Principal Place of Business

Mailing Address

420 N BEACH ST
DAYTONA BEACH FL 32114

420 N BEACH ST
DAYTONA BEACH FL 32114

2. Principal Place of Business

407 DAYTONA ST.
Suite, Apt. #, etc.

3. Mailing Address

407 DAYTONA ST
Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. FEI Number

59-3692462

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

STONE, ROBERT J

420 N BEACH ST

DAYTONA BEACH FL 32114

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

ROBERT J. STONE owner

Robert J. Stone

04-06-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when replacing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STONE, ROBERT J
1631 MORAVIA AVE
HOLLY HILL FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
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☐ 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:

Robert J. Stone

Robert J. Stone

05-10-01

386 257 2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)