

5/15/2002-90025-024-\$150.00-\$150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000005167**

1. Entity Name

ALL CYCLES, INC.

FILED

02 JUN -5 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**200 NORTH FRENCH AVENUE
SANFORD FL 32771**

Mailing Address

**200 NORTH FRENCH AVENUE
SANFORD FL 32771**

2. Principal Place of Business

565 N. HWY 17-92

Suite, Apt. #, etc.

3. Mailing Address

1307 E. OSCEOLA RD

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

City & State

GENEVA, FL 32732

Zip

32732

Country

4. FEI Number

75-2970777

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JOSEPH W II
950 SOUTH WINTER PARK DRIVE
SUITE 112
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

WILLIAM J. DIETZ

Street Address (P.O. Box Number is Not Acceptable)

25 S. MAGNOLIA AVE

City

ORLANDO

FL

Zip Code

32801

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

TITLE	PTD	☐ Delete
NAME	HRABOSKY, PATRICK C	
STREET ADDRESS	1307 EAST OSCEOLA ROAD	
CITY-ST-ZIP	GENEVA FL 32732	

TITLE	VSD	☒ Delete
NAME	BYRNES, KEITH	
STREET ADDRESS	118 BONITA ROAD	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE	VSD	☐ Delete
NAME	MARY THERESA HRABOSKY	
STREET ADDRESS	1307 E. OSCEOLA RD	
CITY-ST-ZIP	GENEVA, FL 32732	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

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

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

4-26-02

Date

Daytime Phone #

CR2E034 (9/01)