

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90697 001 *1,500.00

DOCUMENT # P01000011123

1. Entity Name
EASTERN CYCLES INC.



Principal Place of Business
**3540 FIREST HILL BLVD. STE 203
W PALM BEACH FL 33406**

Mailing Address
**3540 FIREST HILL BLVD. STE 203
W PALM BEACH FL 33406**



2. Principal Place of Business
Forest Hill Blvd 3540
Suite, Apt. #, etc.

3. Mailing Address
Forest Hill Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

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

**DENTRY, DEBORAH A
3540 FOREST HILL BLVD, STE 203
W PALM BEACH FL 33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **MCCANN, DENISE D**
STREET ADDRESS **3540 FIREST HILL BLVD, STE 203**
CITY-ST-ZIP **W PALM BEACH FL 33406**

☐ Delete

TITLE
NAME
STREET ADDRESS **3540 Forest Hill Blvd #203**
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

3/6/03 201433-4810

CR2E034 (10/02)