03-07-2002 90036 046 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052635						FILED		
CYCLE THINGS, INC.						02 MAR 25 PH 1: 54		
Principal Place of Business Mailing Address						SECRETARY OF STATE		
102 S. STATI DELAND FL.		102 S. STATE ROAD 15A DELAND FL 32720				TALLAHASSEE. FLORIDA		
2. Principal Place of Business		3. Mailing Address				T TO BETTERS THE DOTES, FLAST REACH DOLL TOUCH DOTLD BYTCH STORE OLDER THER DERIVATION		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State		14	4. FEI Number Applied For 59 - 371 9857 Not Applicable			
Zip	Country	Zip	Cip Coun		5. Certificate of Status Desired S8.75 Additional Fae Required		7	
	6: Name and Address of Current	Registered Agent	· :		7	7. Name and Address of New Registered Agent		
				Name FRED HANSEN				
HANSEN, FRED 2167 CANOPY CIRCLE				Street A	Address (P.O. Box Number is Not Acceptable)			
ZELLWOOD FL 32798				City El Zip Code			-	
					ELAN		4	
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 Struct Clause FRED HAWSEN PRESIDENT 2/55/02 Spranze, types or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
Tax filing requirement and elects to do so. After May 1, 200				FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND	DIRECTORS	12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_ [
TITLE	PD	☐ Delete	TITLE		PD	対点の表で	R2E034 (9/01	
NAME STREET ADDRESS	HANSEN, FRED		NAMI STRE	E Et address	1760	TRINIDAD ST	2	
CITY-ST-ZIP	2167 CANOPY CIRCLE ZELLWOOD FL 32798		•	-ST-ZIP	DELAN	nd, FL 32720	\ <u>\</u>	
TITLE	VD	· Delete	TITLE	:	VD,	Change Addition	78	
NAME	HANSEN, LINDA		NAM		Linds	+ HANSON TRINIDAD ST	1	
STREET ADORESS CITY-ST-ZIP	2167 CANOPY CIRCLE			et address -St-Zip	DELAN	1d, PC 32720]_	
TITLE	7FLLWOOD.FL 32798	☐ Delete	TITUE			☐ Change ☐ Addition	7=	
NAME			NAM		Ì			
STREET ADDRESS				ET ADDRESS			}	
CITY-ST-ZIP				-ST-ZIP		☐ Change ☐ Addition	┨	
TITLE NAME		☐ Delete	TITLE			Clairge Addition	1	
STREET ADDRESS				ET ADDRESS		\wedge		
CITY-ST-ZIP			CITY-	ST-ZIP		·	4	
TITLE		☐ Defets	TITUE			Change Addition	1	
NAME STREET ADDRESS			NAME	ET AODRESS		\mathcal{M}_{III} '		
CITY-ST-ZIP		•		-ST-ZIP	}	/ I) LI/ '	}	
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	7	
NAME		•	NAM		[
STREET ADDRESS City-St-ZIP				et address ST-ZIP) •	}	
	partifu that the information available with	this filing does not qualify for			ed in Sentin	on 119 07/3Vi) Florida Statidae I further partifu that the information	┨	
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.								

FRED HANSON TROS. dow. 2 25/02 (396) 738 6888

ENTED MAME OF SIGNING OFFICER OR DIRECTOR

Design Design Proces