FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # P01000078512					05-24-2002 91352 014 ***150.00	
CYCLONE MOTOR COMPANY, INC					.	
	DO NOT WRITE	IN THIS S	PACE	<u> </u>	000	
2. Principal Place of Business 1975 S7IRLING ROAD Suite, Apt. #, etc.		3. Mailing Address 1975 STIRLING ROAD Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State BAN 10=Beach		City & State OANIQ=BEACH			4. FEI Number	✓ Applied For
33004 Country BROWARD		Siowaro	Country		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	- January 10	_Olow AICO	33001		Name and Address of Current R	Fee Required
DO NOT WRITE				Name HENRY G. SLAughTER Street Address (P.O. Box Number is Not Acceptable) 1975 STIRLING RAD		
		City	City DADIA BENCH FI Zip Code			
8. The abov	e named entity submits this statement for t	he purpose of changing its i	registered office or	registered :	agent, or both, in the State of Floric	1a.
SIGNATURE	James H VD.	Zles	Registerod Agent signati		Ц. Э.	3-02 DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - Ma After May 1 Amended Make Check Payabi			y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of State		10. Election Campaign Finand Trust Fund Contribution.	
11.	OFFICERS AND DI	RECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS 1975 STIPLING RADD		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS TOTY-ST-ZIP	V/S MARK WIENER 1975 STIRLING RD		TITLE NAME STREET ADDRESS			
TITLE	DANIA OCH, PT 33009		CITY-ST-ZIP		والمتنفض المراضان	ن ن د ها د هاد
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITF
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SE	
TITLE NAME STREET ADDRESS STY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
ITLE AME TREET ADDRESS ITY-ST-ZIP			HITLE 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (95)

(954) 873-1957

Daytine Phone #