

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 033 ***150.00

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1. Entity Name
CYCLE BILL'S OF CHARLOTTE COUNTY FLORIDA, INCORPORATED



Principal Place of Business
**19800 VETERANS BLVD C-6
PORT CHARLOTTE FL 33954**

Mailing Address
**19800 VETERANS BLVD C-6
PORT CHARLOTTE FL 33954**

2. Principal Place of Business
19800 Veterans Blvd
Suite, Apt. #, etc. **A-13**

3. Mailing Address
19800 Veterans Blvd
Suite, Apt. #, etc. **A-13**



☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte, FL
Zip **33954** Country **USA**

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Port Charlotte, FL
Zip **33954** Country **USA**

4. FEI Number **65-1137974**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KALBFELD, WILLIAM
19800 VETERANS BLVD C-6
PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
19800 Veterans Blvd
A-13
City **Port Charlotte** FL Zip Code **33954**

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 **PST** ☐ Delete
NAME **KALBFELD, WILLIAM**
STREET ADDRESS **19800 VETERANS BLVD C-6**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Karen Kalbfeld**
STREET ADDRESS **3226 Santa Marta St**
CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **William Kalbfeld** **4/28/03** **(941) 661-1847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)