

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000000153

1. Entity Name
CYCLES UNLIMITED, INC.



Principal Place of Business
302 6 ST NW
WINTER HAVEN, FL 33881

Mailing Address
302 6 ST NW
WINTER HAVEN, FL 33881



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0020012

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAZ, JIMEL A
302 6 ST NW
WINTER HAVEN, FL 33881

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAZ, JIMEL A
STREET ADDRESS	302 6 ST NW
CITY - ST - ZIP	WINTER HAVEN, FL 33881
TITLE	ST
NAME	BAZ, SHANE A
STREET ADDRESS	1110 INTERLOCHEN BLVD., S.E.
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000067295
02/26/04-80052-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

J. A. BAZ

JIMEL A. BAZ

2/24/04

863-294-1369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #