

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91764 010 ***150.00

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1. Entity Name

JMC CYCLES, INC.



Principal Place of Business
12 WEST 3RD ST.
ATLANTIC BEACH FL 32233

Mailing Address
12 WEST 3RD ST.
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3953 Arbor Bluff Lane E

3. Mailing Address

3953 Arbor Bluff Ln E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32225

City & State

Jacksonville, FL 32225

Zip

Country

Zip

Country

4. FEI Number

03-0430550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRECHER, DAVID S

50 NORTH LAURA ST., STE. 2200

JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Bywaters, Mathew C.

Street Address (P.O. Box Number is Not Acceptable)

3953 Arbor Bluff Lane E

City

Jacksonville

FL

Zip Code

32225

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

TITLE D ☐ Delete
NAME BYWATERS, CARLTON P
STREET ADDRESS 12 W. 3RD ST.
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☐ Delete
NAME BYWATERS, MATTHEW C
STREET ADDRESS 12 W. 3RD ST.
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Bywaters, Carlton P.
STREET ADDRESS 11324 Oak Landing Dr.
CITY-ST-ZIP Jacksonville, FL 32225

TITLE D ☒ Change ☐ Addition
NAME Bywaters, Mathew C.
STREET ADDRESS 3953 Arbor Bluff Lane E
CITY-ST-ZIP Jacksonville, FL 32225

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

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

TITLE ☐ Change ☐ Addition
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:

Mathew C. Bywaters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)