

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90022 012 ***150.00

DOCUMENT # P02000111953

1. Entity Name
PHAT BOYZ CYCLEZ, INC.



Principal Place of Business
**6740 SE 110TH STREET
SUITE 303
BELLEVUE FL 34420**

Mailing Address
**901 SW 33RD AVENUE
OCALA FL 34474**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3662355

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

7. Name and Address of New Registered Agent

**BUEHLER, WILLIAM L
7375 NW 121 AVE.
OCALA FL 34482**

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	BUEHLER, WILLIAM L	
STREET ADDRESS	7375 NW 121 AVE.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEGATINA, JAMES C JR	
STREET ADDRESS	5970 SE 145TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEGATINA, JAMES C JR.	
STREET ADDRESS	5970 SE 145TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AKOURY, ANTHONY M	
STREET ADDRESS	12268 SE 126TH CT.	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 L. Buehler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352
1-30-03 **429-1211**

CR2E034 (10/02)