

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000096647

1. Entity Name

CYCLE SPECTRUM AZ, INC

FILED

00 JUL 19 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1720 W. SOUTHERN  
MESA, AZ 85202

9848 Robin Hill  
DALLAS, TX 75238

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

86-0811155

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRATT, COURTNEY

176 SUMMERFIELD DR  
PONTE VEDRA BEACH, FL 32082

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME P RANDY PITTALUGA ☐ Delete  
STREET ADDRESS 213 E. MONTON DR  
CITY-ST-ZIP TEMPE, AZ 85282

TITLE  
NAME 000003337260-8 ☐ Change ☐ Addition  
STREET ADDRESS -07/26/00-01100-002  
CITY-ST-ZIP \*\*\*\*\*158.75 \*\*\*\*\*158.75

TITLE  
NAME T PRATT, BECKIE ☐ Delete  
STREET ADDRESS 9848 Robin Hill  
CITY-ST-ZIP DALLAS, TX 75238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME S SPRATT, COURTNEY ☐ Delete  
STREET ADDRESS 176 SUMMERFIELD  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE  
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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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 19 00 904) 2736943

CR2E034 (9/99)

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**CYCLE SPECTRUM**

(214) 341.4116 fax (214) 341.3955

JULY 18, 2000

**mike SPRATT**  
176 SUMMERFIELD  
PVB, FL 32082  
FAX 904.273.7284

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

WE DID NOT RECEIVE OUR FORMS FOR FILING OUR CORPORATION  
ANNUAL REPORT AND FEES. SO WE HAVE FAILED TO FILE THEM AS OF  
THIS DATE. PLEASE ACCEPT OUR FILING NOW AT THE STANDARD  
COST.

THANKS YOU

SINCERELY,

  
mike SPRATT