

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0657213

DOCUMENT # P96000049752

1. Entity Name
JOKER CUSTOM CYCLES, INC.

05-16-2001 90045 040 ***150.00

Principal Place of Business
1050 CORNWALL DRIVE
HOLIDAY FL 34691

Mailing Address
1050 CORNWALL DRIVE
HOLIDAY FL 34691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1205 US Hwy 19

3. Mailing Address
1205 US Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Holiday FL

City & State
Holiday FL

4. FEI Number **59-3387579**

Applied For
 Not Applicable

Zip Country
34691 PASCO

Zip Country
34691 PASCO

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARESON, GARY JR
1050 CORNWALL DR
HOLIDAY FL 34690

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 _____ (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, 2001 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 STREET ADDRESS CITY-ST-ZIP	D ARESON, GARY B JR 1050 CORNWALL DRIVE HOLIDAY FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARESON, SHERI A 1050 CORNWALL DRIVE HOLIDAY FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gary B. Arson Jr. **Gary B. Arson Jr.** 4-30-01 727-742 0789

CR2E034 (10/00)