

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030130

1. Entity Name

CYCLE'N PLACE, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90021 046 ***150.00

Principal Place of Business SHORELINE VILLAGE MALL #108 HWY. 98 & GULFSHORE DRIVE DESTIN FL 32540	Mailing Address 758 VINTAGE CIR DESTIN FL 32541-1647 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 995 Airport Rd.	3. Mailing Address P.O. Box 1807
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Destin, FL	City & State Destin, FL
Zip 32541	Zip 32540
Country	Country

4. FEI Number 59-3441852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOPE, DIANA 4022 LAUREN CT DESTIN FL 32541

7. Name and Address of New Registered Agent Name: BRIDGET CARNLEY Street Address (P.O. Box Number is Not Acceptable) 900 Gulfshore Dr #1124 995 AIRPORT ROAD City: DESTIN FL Zip Code: 32541
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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: <u>Diana Hope</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE: <u>4/17/00</u>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPE, DIANA 4022 LAUREN CT DESTIN FL 32541 <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	V KING, KIM 758 VINTAGE COURT DESTIN FL 32541 <input checked="" 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	BRIDGET CARNLEY 900 GULFSHORE DR #1124 DESTIN, FL. 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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: <u>Diana Hope</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>4/17/00</u> Date	DAYTIME PHONE: <u>850 837-1943</u> Daytime Phone #
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CR2E034 (9/99)