

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076857

1. Entity Name

V-CYCLE DISTRIBUTORS, INC.

Principal Place of Business

10018 ALAVISTA DR
GIBSONTON FL 33534

Mailing Address

10018 ALAVISTA DR
GIBSONTON FL 33534-4402

2. Principal Place of Business

434 E BRANDON BLVD
Suite, Apt. #, etc.

3. Mailing Address

434 E BRANDON BLVD
Suite, Apt. #, etc.

City & State
BRANDON
FL 33511

City & State
BRANDON FL

Zip
33511

Country
USA

Zip
33511

Country
USA

4. FEI Number 59-3367231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BOUCHER, PATRICK
10018 ALAVISTA DR
GIBSONTON FL 33534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
BERNARD, ALAIN
10018 ALAVISTA DR
GIBSONTON FL 33534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE

BOUCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/27/00

8136542571

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90282 015 ***150.00



DO NOT WRITE IN THIS SPACE