

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90691 015 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *1990009893*

1. Entity Name

WESTWINDS CYCLES, INC.

Principal Place of Business

Mailing Address

2801 ALT 19
DUNEDIN FL 34698

508 REESTOCK BLVD
PALM HARBOR FL 34683

553537

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

59-3482747

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

Name

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

City

FL

Zip Code

WEBSTER, FRANK
1608 GULF BEACH BLVD

TARPON SPRINGS, FL 34689-2212

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) ☐

**FEE: NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be: \$530.00
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	☐ Delete
PDST	PHILLIPS, VICKI	3752 US 19 NORTH	PALM HARBOR FL 34684	☐
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
PDST	PHILLIPS, VICKI	508 REESTOCK BLVD	PALM HARBOR, FL 34683	☒	☐
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
TITLE	NAME	STREET ADDRESS	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)(b), 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:

Vicki Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI PHILLIPS 4/28/2001 727-772-6839

CR2E034 (1/00)