2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90050 018 ***150.00

DOCUMENT # P99000034390

1. Entity Name

ANAHOP CYCLES, INC.

Principal Place of Business	Mailing Address
S. HIGHWAY 17, EAST FL 32131	342 S. HIGHWAY 17, EAST PALATKA FL 32177-8613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
342 S. HIGHWAY 17	342 S. HIGHWAY 17
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EAST PALATKA, FL	City & State: EAST PALATKA, FL
Zip: 32131 Country:	Zip: 32131 Country:

4. FEI Number: 59-3582214 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOSTETTER, TERRY MARK
342 S. HIGHWAY 17, EAST
PALATKA FL 32131

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOSTETTER, TERRY MARK		NAME		
STREET ADDRESS	115 PALMETTO		STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOSTETTER, JO MARIE		NAME		
STREET ADDRESS	115 PALMETTO		STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Terry Mark Hostetter Jan. 18, 2000 904-328-1409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #