2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90064 013 ***150.00

C0017188

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000034390

1. Entity Name
ANAHOP CYCLES, INC.

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

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: PUTNAM	Zip: 32131 Country: PUTNAM

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)

342 S. HIGHWAY 17

City: EAST PALATKA **FL** Zip Code: 32131

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, 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	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	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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 1/30/01 904-328-1409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #