

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90202 030 ***150.00

0398677 AV

DOCUMENT # P99000076596

1. Entity Name
CYCLONE DISTRIBUTING INC.



Principal Place of Business
C/O JOSEPH MIELE
~~13800 WELLINGTON TRACE, STE. 202~~
WELLINGTON FL 33414

Mailing Address
C/O JOSEPH MIELE
~~13800 WELLINGTON TRACE, STE. 202~~
WELLINGTON FL 33414



2. Principal Place of Business
13833 WELLINGTON TRACE, EY

3. Mailing Address
13833 WELLINGTON TRACE, EY

Suite, Apt. #, etc.
STE 189

Suite, Apt. #, etc.
STE 189

City & State
WELLINGTON FLORIDA

City & State
WELLINGTON FLORIDA

Zip
33414

Country
USA

Zip
33414

Country
USA

4. FEI Number
65-0948024

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIELE, JOSEPH
~~13800 WELLINGTON TRACE, STE. 202~~
WELLINGTON FL 33414

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

13833 WELLINGTON TRACE, STE 189
WELLINGTON FL 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PS MIELE, JOSEPH**
STREET ADDRESS **14078 GREEN TREE DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

561-753-8411
Daytime Phone #

CR2E034 (10/02)