

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000081861**
 1. Entity Name
Psycho Cycles, Inc.

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90033 008 ***150.00

Principal Place of Business Mailing Address
1974 Carroll Street Same
Unit A
Clearwater, FL 33765

C0042293

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 **59-3601435** 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
Wavey Bates
1915 Groveland Road
Palm Harbor, FL 34683

7. Name and Address of New Registered Agent
 Name **Same**
 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 **Wavey Bates** (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 D	president	<input type="checkbox"/> Delete
NAME	Kevin Bates	
STREET ADDRESS	1915 Groveland Rd.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE D	Vice President	<input type="checkbox"/> Delete
NAME	Brian Bates	
STREET ADDRESS	411 Milwaukee Avenue	
CITY-ST-ZIP	Dunedin, FL 34688	
TITLE D	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Wavey Bates	
STREET ADDRESS	1915 Groveland Rd.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE D	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Bates	
STREET ADDRESS	3052 Park Lane	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Wavey Bates** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **3/13/00** Daytime Phone # **727-469-8820**

CR2E034 (9/99)