## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P99000081861

1. Entity Name

PSYCHO CYCLES, INC.



**FILED** Mar 05, 2003 8:00 am § Secretary of State 03-05-2003 90055 007 \*\*\*150.00

Principal Place of Business 1974 CARROLL STREET, UNIT A CLEARWATER FL 33765			1974	Mailing Address 1974 CARROLL STREET. UNIT A CLEARWATER FL 33765							
2. Principal I	Place of Busine	ess	3. Ma	iling Address	· <u></u>				<b>     </b>		
Suite, Apt. #, etc.			Suí	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City	City & State				4. FEt Number 59-3601435 Applied For Not Applicable				
Zip		Country	Zip		Country	4	5.	Certificate of Status Desired		8.75 Ad	lditional
	6. Name a	ind Address of Curren	t Register	ed Agent			7.	Name and Address of New R		•	
			- 1			Name			3	30.m	
BATES, WAVEY				. <u>S</u>			eet Address (P.O. Box Number is Not Acceptable)				
1915 GROVELAND ROAD									, 		
PALM HA	RBOR FL 346	583									
<u></u>							y FL				de
The above the obligation	e named entity tions of register	submits this statement red agent.	for the purp	oose of changing its	registered	office o	r registered ag	gent, or both, in the State of Flor	rida. I am fa	miliar with.	and accept
SIGNATURE :											
	Signature, typed or	printed name of registered ager	nt and title if app	olicable. (NOTE	: Registered A	gent signat	ture required when r	einstating)	DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00						9. Election Campaign Fina		\$5.0	<b>)0</b> May Be
Make Checi	k Pavable to I	Florida Department (	of State					Trust Fund Contribution	ı. 📙	Added	d to Fees
Make Check	k Payable to I	Florida Department		RS .	<b>I</b> 11		۸۲		_		ĺ
	DP	Florida Department of OFFICERS AND			11.		AC	Trust Fund Contribution	CERS AND I	DIRECTOR	S IN 11
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10. TITLE NAME STREET ADDRESS	DP BATES, KEV 1915 GROV PALM HARE DV	OFFICERS AND VIN VELAND ROAD FOR FL 34683			TITLE NAME STREET / CITY-ST		DV	DDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filling 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: