

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088755

1. Entity Name

J.D. CYCLE INC.

FILED

00 NOV 13 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1565 HARBOR CITY BOULEVARD
MELBOURNE FL 32935

Mailing Address

1565 HARBOR CITY BOULEVARD
MELBOURNE FL 32935

2. Principal Place of Business

1565 Harbor City Blvd. N.
Suite, Apt. #, etc.

3. Mailing Address

SAMF2
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

City & State

Zip Country
32935 USA

4. FEI Number

59-3602940

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, DOUGLAS
1565 HARBOR CITY BOULEVARD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name
Douglas Anthony
Street Address (P.O. Box Number is Not Acceptable)
1565 N. Harbor City Blvd
City Melbourne, FL Zip Code 32935

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/7/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME ANTHONY, DOUGLAS
STREET ADDRESS 230 MARDI GRAS AVE., N.W.
CITY-ST-ZIP PALM BAY FL 32907

TITLE ~~President~~
NAME ~~3940 Lake Washington~~
STREET ADDRESS ~~Melbourne, FL 32934~~
CITY-ST-ZIP

TITLE ~~Jim Bloy~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~Sec.~~
NAME ~~Jim Bloy~~
STREET ADDRESS ~~1565 N. Harbor City Blvd~~
CITY-ST-ZIP ~~Melbourne, FL 32935~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~
NAME ~~Douglas~~
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Jim Bloy
STREET ADDRESS 1565 N. Harbor City Blvd
CITY-ST-ZIP Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Anthony 7/7/00 321 2598244
Date Daytime Phone #

CR2E034 (5/00)