FILED
Jul 11, 2003 8:00 am
Secretary of State
07-11-2003 90051 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069148

1. Entity Name
WOOLEY'S BIKE LAND, INC.

Principal Place of Business	Mailing Address
5881 POETRY LN. N. FT. MYERS, FL 33903	5881 POETRY LN. N. FT. MYERS, FL 33903

2. Principal Place of Business	3. Mailing Address
1025 TAMIAMI TR	1025 TAMIAMI TR
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: NORTH FT MYERS FL	City & State: NORTH FT MYERS FL
Zip: 33903 Country:	Zip: 33903 Country:

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0720073 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF S. FL I
13571 MCGREGOR BLVD #22
FORT MYERS, FL 33903

7. Name and Address of New Registered Agent

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

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DAVID 5881 POETRY LN. N. FT. MYERS, FL 33903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1025 TAMIAMI TR NORTH FT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: David Williams 7/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #