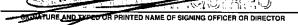
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070419 1. Entity Name DAYTONA HARLEY-DAVIDSON, INC.					Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90400 036 ***150.00			
290 N BEAC	ce of Business H ST EACH FL 32114	Mailing Address 515 EAS LAS OLAS BLVD SUITE 900 FT LAUDERDALE FL 33301 US			944914			
2. Principal Place of Business 3. Mailing Address						ICCII COLL GICA	i ((1(1 \6)) (#1)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number 59-3205613 Applied For Not Applicable			
Zip	Country	Zip	Country	- 5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Registered			
						-		
HOOD, CHARLES D JR 444 SEABREEZE BLVD.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 900								
DAYTONA BEACH FL 32115			City	City FL Zip Code			le	
8. The above	named entity submits this statement for the	he purpose of changing its req	gistered office or regi	stered ag	ent, or both, in the State of Florida.	<u> </u>		
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTF: Re	egistered Agent signature req	uired when re	einstating) DATE			
Tax filing requirement and elects to do so After May 1			/!!! FEE IS \$150.00 002 Fee will be \$550.00 able to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROSSMEYER, BRUCE 290 N BEACH ST DAYTONA BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS TAYLOR, TERRY 515 EAST LAS OLAS BLVD FT_LAUDERDALE FL	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	77.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the corp	ertify that the information supplied with this on this report or supplemental report is truboration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my sered to execute this report as r	uanatura chall hava th	a como i	east offect as if made under eath, that Le	m on officer	ar diractor J	

SIGNATURE:



TERRY TAYLOR

954-527-4420

Daytime Phone #