

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007155

**Entity Name:** JACK THE BIKE MAN, INC.**Current Principal Place of Business:**2406 FLORIDA AVENUE  
WEST PALM BEACH, FL 33401**Current Mailing Address:**P.O.BOX 17565  
WEST PALM BEACH, FL 33416**FEI Number:** 26-0579626**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DR., STE. 1100  
WEST PALM BEACH, FL 33401 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HAIRSTON, SAMUEL HENRY III
Address	P O BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	CHAIRMAN
Name	LARA, LOUIS
Address	P.O.BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	BOD
Name	LOPEZ, JAVIER
Address	P O BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	BOD
Name	GRYGLAS, PAUL
Address	P O BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	SECRETARY/TREASURER
Name	MCGREGOR, JACK
Address	P.O.BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

Title	BOD
Name	MCGRAW, MARK
Address	P.O.BOX 17565
City-State-Zip:	WEST PALM BEACH FL 33416

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMUEL HENRY "JACK" HAIRSTON III**PRESIDENT****03/23/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date