

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 8:00 am
Secretary of State**

02-12-2001 90235 018 ***150.00

DOCUMENT # 389111

1. Entity Name

THE CYCLE SHOP, INC.

Principal Place of Business

**4003 W. PENSACOLA ST.
P.O. BOX 2814
TALLAHASSEE FL 32304**

Mailing Address

**4003 W. PENSACOLA ST.
P.O. BOX 2814
TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1372705**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POGGIE, WENDELL M.
4003 W. PENSACOLA ST.
TALLAHASSEE FL 32304**Name **HIGGINBOTHAM, C. SCOTT**

Street Address (P.O. Box Number is Not Acceptable)

4003 W. PENSACOLA ST.City **TALLAHASSEE**

FL

Zip Code **32304**

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

(NOTE: Registered Agent signature required when reinstating)

2/9/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	POGGIE, WENDELL	
STREET ADDRESS	4003 W. PENSACOLA ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE	PDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINBOTHAM, C. SCOTT	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WADSWORTH, JAMES B. (JR.)	
STREET ADDRESS	1040 E. PARK AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINBOTHAM, RICHARD L.	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAGGIE, BRIAN	
STREET ADDRESS	4003 W PENSACOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 850.576.6326

Date

Daytime Phone #

CR2E034 (10/00)