

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90130 029 \*\*\*150.00

DOCUMENT # **389111**  
1. Entity Name  
*The Cycle Shop, Inc.*

**DO NOT WRITE IN THIS SPACE**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business<br><i>4003 W. Pensacola St.</i><br>Suite, Apt. #, etc. |                       | 3. Mailing Address<br><i>4003 W. Pensacola St.</i><br>Suite, Apt. #, etc. |                       |
| City & State<br><i>Tallahassee FL</i>   |                       | City & State<br><i>Tallahassee FL</i>                                     |                       |
| Zip<br><i>32304</i>   | Country<br><i>USA</i> | Zip<br><i>32304</i>   | Country<br><i>USA</i> |

4. FEI Number *59-1372705* Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE.

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *Brian Poggie*  
Street Address (P.O. Box Numbers Not Acceptable)  
*1742 Folkstone*  
City *Tallahassee* FL Zip Code *32312*

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 *Brian Poggie* *Brian Poggie President* *7/12/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**  
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 1. OFFICERS AND DIRECTORS                      |                             |                |                |
|--|-----------------------------|----------------|----------------|
| TITLE<br><i>President</i>                      | NAME<br><i>Brian Poggie</i> | TITLE          | NAME           |
| STREET ADDRESS<br><i>4003 W. Pensacola St.</i> | STREET ADDRESS              | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP<br><i>Tallahassee FL 32304</i>     | CITY-ST-ZIP                 | CITY-ST-ZIP    | CITY-ST-ZIP    |
| TITLE  | NAME                        | TITLE          | NAME           |
| STREET ADDRESS                                 | STREET ADDRESS              | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP                                    | CITY-ST-ZIP                 | CITY-ST-ZIP    | CITY-ST-ZIP    |
| TITLE  | NAME                        | TITLE          | NAME           |
| STREET ADDRESS                                 | STREET ADDRESS              | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP                                    | CITY-ST-ZIP                 | CITY-ST-ZIP    | CITY-ST-ZIP    |
| TITLE  | NAME                        | TITLE          | NAME           |
| STREET ADDRESS                                 | STREET ADDRESS              | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP                                    | CITY-ST-ZIP                 | CITY-ST-ZIP    | CITY-ST-ZIP    |

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.  
SIGNATURE: *Brian Poggie* *Brian Poggie* *7/11/02* *850 5765326*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phone Daytime Phone \*

Attachment  
#35911 60129012

I have included two copies of  
the OBR. On #7 one lists the  
business address, the other my home  
address. I was not sure which one  
you wanted.

Thanks

Brian Poggie

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Attachment  
B0129612*

DOCUMENT # *389111*

1. Entity Name  
*The Cycle Shop, Inc.*

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2. Principal Place of Business  
*4003 W. Pensacola St.*  
Suite, Apt. #, etc.

3. Mailing Address  
*4003 W. Pensacola St.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Tallahassee FL*

City & State  
*Tallahassee FL*

Zip  
*32304* Country  
*USA*

Zip  
*32304* Country

4. FEI Number Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Brian Poggie*

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 *Brian Poggie* *Brian Poggie President* *7/12/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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Amended UBR is \$61.25  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>President<br/>Brian Poggie<br/>4003 W. Pensacola St.<br/>Tallahassee FL 32304</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Poggie* *Brian Poggie* *7/12/02* *850-576-6326*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
RH 399111

BD129672

**THE  
CYCLE  
SHOP**

**SUZUKI**  
The ride you've been waiting for.

**HONDA**  
Come ride with us.

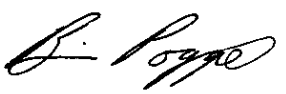
**Kawasaki**  
• Sales • Service • Accessories

**YAMAHA**  
Water Vehicles

4003 W. Pensacola St. • Tallahassee, Florida 32304 • Phone (850) 576-6326

I did not receive my notices for 2002 due to a change of ownership. I would like to request that the late fees be waived.

Thank You.



Brian Poggie President