🗝😳 UNIFORM BUSINESS REPORT (UBR) **FILED** May 10, 2000 8:00 ar Secretary of State DCUMENT # 401122 NIDALL MOTORCYCLE, INC. 05-10-2000 90174 013 ***150.00 িনা Place of Business Mailing Address 1917 N W HWY 19 **W HWY 19** CRYSTAL RIVER FL 34428 -- RIVER FL 34428 rincipal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE ""fn, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State my & State 59-1420487 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONTOPOULO.RALPH E Street Address (P.O. Box Number is Not Acceptable) 4986 N TEE PEE DRIVE BEVERLY HILLS FL 34465 Zip Code City FL 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, 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 corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be -After MAY 1, 2000 Fee will be \$550.00 filling requirement and elects to do so. Trust Fund Contribution. Added to Fees --- criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TD Delete TITLE Contopoulo, Lyn R NAME STREET ADDRESS ADDRESS 4986 N TEE PEE DRIVE CITY-ST-ZIP Beverly Hills Fl ☐ Change ☐ Addition ☐ Delete TITLE CONTOPOULO, RALPH E NAME STREET ADDRESS 4986 N TEE PEE DRIVE CITY-ST-7IP .: Z\P BEVERLY HILLS FL ☐ Change - ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP --- ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS ADDRESS CITY-ST-ZIP ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP - 710 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 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 or on an attachment with an address, with all other like empowered.

CR2E034 (9/99)