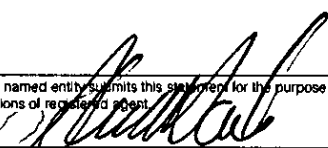
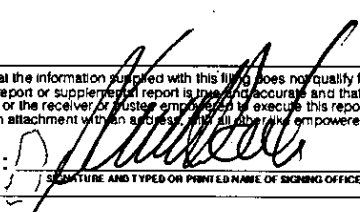


FILED

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AMENDED

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 631287			
1. Entity Name CON'S CYCLE CENTER, INC.			
Principal Place of Business 4515 BABCOCK ST NE PALM BAY, FL 32905		Mailing Address 4515 BABCOCK ST NE PALM BAY, FL 32905	
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 59-1594814	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THRON, CONRAD R. 1600 SOUTH HARBOR CITY BOULEVARD MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name: <u>Glen Sandler</u> Street Address (P.O. Box Number Is Not Acceptable): <u>4515 Babcock St, NE</u> City: <u>Palm Bay</u> FL <u>32905</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: <u>10.03.03</u>	
NOTE: Registered Agent signature required when submitting.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 19, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD THRON, CONRAD R. 1600 S. HARBOR CITY BLVD MELBOURNE, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.S.T.D. Glen Sandler 4515 Babcock St. NE Palm Bay, FL 32905 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS THRON, ANNA B. 1600 S. HARBOR CITY BLVD MELBOURNE, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.			
SIGNATURE: 		DATE: <u>10.03.03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CFR2034 (10/02)