2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 08:00 AM
Secretary of State

DOCUMENT # 642144

1. Entity Name
CYCLE RIDERS, INC.

Principal Place of Business	Mailing Address
4101 OLD WINTER GARDEN ROAD	4101 OLD WINTER GARDEN ROAD
ORLANDO FL	ORLANDO FL
32805	32805

2. Principal Place of Business	3. Mailing Address
3450 W COLONIAL DR	3450 W COLONIAL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32808 Country:	Zip: 32808 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1984555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUI, MITCHELL_
3759 BRANTLEY PLACE CIR
APOPKA FL
32703

7. Name and Address of New Registered Agent

Name: MARQUI MITCHELL DPRES
Street Address (P.O. Box Number is Not Acceptable): 3759 BRANTLEY PLACE CIR
City: APOPKA FL Zip Code: 32703

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 MITCHELL D MARQUI — DATE 02/03/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PV	☐ Delete
NAME	MARQUI, MITCHELL	
STREET ADDRESS	3759 BRANTLEY PLACE CIR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	☒ Change ☐ Addition
NAME	MARQUI MITCHELL DPRES	
STREET ADDRESS	3759 BRANTLEY PLACE CIR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: MITCHELL D MARQUI PRES 02/03/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #