## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2000 8:00 am Secretary of State **DOCUMENT # H33101** 1. Entity Name NORTH AMERICAN BICYCLE CO., INC. 04-23-2000 90030 045 \*\*\*150.00 Principal Place of Business Mailing Address ATTN: MARC A REUSCH ATTN: MARC A REUSCH 1110 W JEFFERSON ST 1110 W JEFFERSON ST BROOKSVILLE FL 34601-2424 BROOKSVILLE FL 34601-1418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2523765 Not Applicable Country \$8.75 Additional Country Zio Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REUSCH, MARC A Street Address (P.O. Box Number is Not Acceptable) 1110 W JEFFERSON ST BROOKSVILLE FL 34601-1418 Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** Change ☐ Addition ☐ Delete TITLE REUSCH, MARC A NAME STREET ADDRESS 1110 W JEFFERSON ST STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-7IP Change ☐ Addition ☐ Detete TITLE TITLE REUSCH, MARC A NAME NAME 1110 W JEFFERSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP Change -- 🗀 Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete

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.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Celete

A. REUSCH

04/14/00 (

(352)799-7607

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Daytime Phone #

☐ Change

Addition