

FILED  
Jan 27, 2003 8:00 am  
Secretary of State

01-27-2003 90218 045 \*\*\*150.00

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

DOCUMENT # J10306

1. Entity Name

Sun Sports Cycle + Watercraft, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10990 Metro Pky.

Suite, Apt. #, etc.

3. Mailing Address

10990 Metro Pky.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Myers Fla

City & State

Ft Myers FL

4. FEI Number

592674098

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Iain Johnstone

Street Address (P.O. Box Number is Not Acceptable)

10990 Metro Pky.

City

Ft. Myers

FL

Zip Code

33912

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

(Date)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
Iain Johnstone  
10990 Metro Pky  
Ft Myers FL 33912

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

*Iain Johnstone* Iain Johnstone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

239-277-7777

Business Phone

CR2E034B (12/02)