

# 2002 UNIFORM BUSINESS REPORT (UBR)

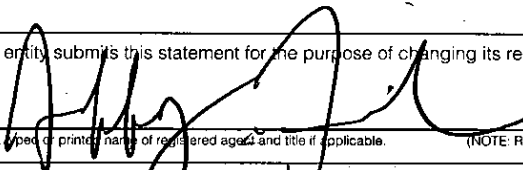
**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90037 030 \*\*\*150.00

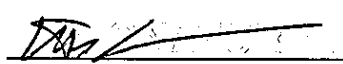
**B0052171**



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # K54834</b>			
1. Entity Name <b>HARLEY-DAVIDSON OF FORT MYERS, INC.</b>			
Principal Place of Business <b>1870 CLAYTON COURT FT. MYERS FL 33907</b>		Mailing Address <b>1870 CLAYTON COURT FT. MYERS FL 33907</b>	
2. Principal Place of Business <b>2160 COLONIAL BLVD</b>		3. Mailing Address <b>2160 COLONIAL BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FT. MYERS, FL</b>		City & State <b>FT. MYERS FL</b>	
Zip <b>33907</b>	Country <b>USA</b>	Zip <b>33907</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>FISCHER, JEFFERY 1870 CLAYTON COURT FT MYERS FL 33907</b>		7. Name and Address of New Registered Agent Name <b>FISCHER, JEFFERY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2160 COLONIAL BLVD</b> City <b>FT. MYERS FL</b> Zip Code <b>33907</b>	
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  <b>JEFFERY FISCHER</b> DATE <b>3/12/02</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FISCHER, JEFFERY S 1870 CLAYTON COURT FT. MYERS FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FISCHER, JEFFERY SCOTT 2160 COLONIAL BLVD FT. MYERS, FL 33907</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HALL, RONALD H 1870 CLAYTON COURT FT. MYERS FL 33907</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, J TSCHAIKOWSKY, WOLF J. 2160 COLONIAL BLVD FT. MYERS, FL 33907</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **WOLF J. TSCHAIKOWSKY** **3/12/02** **941-275-4647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)