

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90354 038 \*\*\*\*50.00

**DOCUMENT # L01000012194**

1. Entity Name

**HAUS OF TRIKES, LLC**

Principal Place of Business

**2720 FORSYTH ROAD, SUITE 325  
WINTER PARK FL 32792-3279**

Mailing Address

**2720 FORSYTH ROAD, SUITE 325  
WINTER PARK FL 32792-3279**

2. Principal Place of Business

**2720 FORSYTH RD**

Suite, Apt. #, etc.

**STE. 325**

City & State

**WINTER PARK, FLA.**

Zip

**32792**

Country

**USA !**

3. Mailing Address

**2720 FORSYTH RD.**

Suite, Apt. #, etc.

**STE. 325**

City & State

**WINTER PARK, FLA.**

Zip

**32792**

Country

**USA !**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-2306408**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROSIER, DAVID E  
1013 MAREBELLO DRIVE  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **VICE PRESIDENT MGR.** ☐ Delete  
NAME **DAVID E ROSIER**  
STREET ADDRESS **1013 MAREBELLO DR.**  
CITY-ST-ZIP **WINTER PARK, FLA. 32792**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-21-02**

**402-  
628-9117**

CR2E083 (9/01)