

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003711

1. Entity Name
MTB BIKE PARTS, LLC

FILED
 00 JAN 13 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1370 SW SEA HOLLY WAY
 PALM CITY FL 34990

Mailing Address
 1370 SW SEA HOLLY WAY
 PALM CITY FL 34990-8527



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
PO BOX 1251
 Suite, Apt. #, etc.
 City & State
Palm City FL
 Zip
34991
 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0936647

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

WEIKSNAR, THOMAS
1370 SW SEA HOLLY WAY
PALM CITY FL 34990

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIKSNAR, THOMAS P.O. BOX 1251 PALM CITY FL 34991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003104118--1 -01/20/00--0105-023 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas Weiksnar Date: 1/10/00 Daytime Phone #: 561 4858942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)