2001 UNIFORM BUSINESS REPORT (UBR)

_, 2001	1 UNI	FORM BUS	INESS	REPO	RT (UBR)) _{Inl 1}	FILED	വ ച	m
DOCUMENT # N9300001017 1. Entity Name						Jul 10, 2001 8:00 am Secretary of State			
GYPSY	RIDERS,	INC.				07-10	3-2001 JUJUI 04J	70.00	
Principal Plac	ce of Business	S	Mailing A	ddress					
				ICO GARDEN ROA	AD		C0073002		
THOUSOUALLE	LE FL 32219		JACKSOIT	VILLE IL JAZIB		# 1 88 111 8 1 150 11		! 	(D)((88 (3 84)
2. Principal Place of Business 3. M			3. Mailing	Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 5	59-3186591 Not Applicable			
Zip	l	Country	Zip		Country	5. Certificate of Sta	atus Desired \$	8.75 Add	litional d
	6. Name	and Address of Current	Registered A	gent		7. Name and Addi	ress of New Registered Ag	ent	
SMITH HULSEY & BUSEY 1800 FIRST UNION NATIONAL BANK TOWER				Name	Name				
					Street Address (P.O. Box Number is Not Acceptable)				
	ER STREET		-n						
JACKSONVILLE FL 32202					City		FL	Zip Code	Э
8. The above	e named entity	y submits this statement fo	r the purpose	of changing its r	egistered office or re	egistered agent, or both, in t	the state of Florida.		
SIGNATURE .									
		or printed name of registered agent	and title if applicab	le (NOTE:	Penistered Agent signature r	required when reinstation\	DATE		
		or printed name of registered agent	and title if applicab	le. (NOTE:	Registered Agent signature r	required when reinstating)	DATE		
	FILE NOW	or printed name of registered agent FEE IS \$61.25 2001, min. will be \$2		9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be	Make Check I		
	FILE NOW	: FEE IS \$61.25	36.25	9. Election Cam	paign Financing	\$5.00 May Be Added to Fees	Make Check I	of State	
After September 10.	FILE NOW ember 12,	: FEE IS \$61.25 2001, min. will be \$2 OFFICERS AND DIF	36.25	9. Election Cam	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check I Department	of State	
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I nereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

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904-764-2324