## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **N9700000765** May 08, 2000 8:00 am Secretary of State TALLAHASSEE PEDAL POWER, INC. II 05-08-2000 90157 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 3989 WOODVILLE HWY 3989 WOODVILLE HWY LOT 45 **LOT 45** TALLAHASSEE FL 32311-7452 TALLAHASSEE FL 32311 2. Principal Place of Business 3. Mailing Address 2056 OscarHarveyRd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3445140 allahassee Not Applicable \$8.75 Additional 5. .Certificate of Status Desired Fee Required ---eon 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent evener (P.O. Box Number is N 6 OSCAL DURANT, REBECCA 8708 WALTHAM COURT TALLAHASSEE FL 32311 32310 allahassee 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME BARNES, CEDRIC STREET ADDRESS STREET ADDRESS 3989 WOODVILLE HWY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 Change ☐ Addition ☐ Delete TITLE Debra Hevener NAME DURANT, REBECCA NAME 2056 OSCAR HARVEY ROAD STREET ADDRESS STREET ADDRESS 8708 WALTHAM COURT CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32311 <u>Tallahasee</u> TITLE ☐ Delete TITLE ☐ Change Addition ARMANTROUT, KIRT NAME STREET ADDRESS 5113 RED FOX RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

<u>4-27-00</u>

850575 4028 Daytime Phone # X