NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 A.M
Secretary of State

DOCUMENT # N91 000000 7165

1. Entity Name: Tallahassee Pedal Power, INC. II

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Tom Brown PARK	2056 OSCAR HARVEY Rd.
Suite, Apt. #, etc.: BMX TRACK	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip / Country	Zip: 32310 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3445140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Debra M. Hevener

Street Address (P.O. Box Number is Not Acceptable): 2056 Oscar Harvey Rd.

City: Tallahassee **FL** Zip Code: 32310

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: Debra M. Hevener 5-6-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Dir KIRT ARMENTROUT 5113 Red FOX RUN Tallahassee, FL 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edwin Long Vice President / Dir 6705 Landover Circle Tallahassee, FL 32311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Debra Hevener Sec./Treas/ Dir 2056 Oscar Harvey Rd. Tallahassee, FL 32310
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Hevener 05-06-02