

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90027 012 ***550.00

DOCUMENT # P00000033333

1. Entity Name

TWO OLD BIKERS, INC.

Principal Place of Business

**300 NORTH OLD DIXIE HIGHWAY
 #103
 JUPITER FL 33458**

Mailing Address

**300 NORTH OLD DIXIE HIGHWAY
 #103
 JUPITER FL 33458**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

050993357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, J. ALLEN
 300 NORTH OLD DIXIE HIGHWAY
 #103
 JUPITER FL 33458**

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

(NOTE: Registered Agent signature required when constituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres	<input type="checkbox"/> Delete
NAME	J. Allen Miller	
STREET ADDRESS	145 N. River Dr E	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	V. Pres	<input checked="" type="checkbox"/> Delete
NAME	Frank Denofrio	
STREET ADDRESS	8584 Uranus Dr	
CITY-ST-ZIP	Lake Park FL 33410	
TITLE	Treas.	<input type="checkbox"/> Delete
NAME	Lorna Miller	
STREET ADDRESS	145 N. River Dr E	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	Sec.	<input checked="" type="checkbox"/> Delete
NAME	JoAnn Denofrio	
STREET ADDRESS	8584 Uranus Dr	
CITY-ST-ZIP	Lake Park FL 33410	
TITLE	V. Pres	<input type="checkbox"/> Delete
NAME	Lorna Miller	
STREET ADDRESS	145 N. River Dr E	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	J. Allen Miller	
STREET ADDRESS	145 N. River Dr E	
CITY-ST-ZIP	Jupiter FL 33458	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)