

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90176 030 \*\*\*150.00

0063508

**DOCUMENT # P00000049284**

1. Entity Name

**G&B BIKES, INC.**

Principal Place of Business

Mailing Address

~~701 PEACHTREE STREET~~  
~~ORLANDO FL 32804~~

~~701 PEACHTREE STREET~~  
~~ORLANDO FL 32804~~

714171

2. Principal Place of Business

**c/o Webster & Partners, P.L.**

3. Mailing Address

**c/o Webster & Partners, P.L.**



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**PO Box 2310**

Suite, Apt. #, etc.  
**PO Box 2310**

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

4. FEI Number  
**59-3646574**

Applied For  
 Not Applicable

Zip  
**32790-2310**

Country  
**USA**

Zip  
**32790-2310**

Country  
**USA**

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

~~UWSA SERVICES INC.~~  
~~701 PEACHTREE STREET~~  
~~ORLANDO FL 32804~~

Name  
**W & P Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1936 Lee Road, Suite 101**

City  
**Winter Park** **FL** Zip Code  
**32789**

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

**David A. Webster, President** *25 Jan 2001*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LORENZ, EUGENE W</b> <b>701 PEACHTREE STREET</b> <b>ORLANDO FL 32804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FISHER, BOB</b> <b>701 PEACHTREE STREET</b> <b>ORLANDO FL 32804</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lorenz, Eugene W.</b> <b>PO Box 2310</b> <b>Winter Park, FL 32790-2310</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Fisher, Bob</b> <b>PO Box 2310</b> <b>Winter Park, FL 32790-2310</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**Eugene W. Lorenz**

**407-691-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)