

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90004 031 ***158.75

0051287

DOCUMENT # P00000053749

1. Entity Name
AMERICAN CUSTOM CYCLE, INC.

Principal Place of Business

~~9001 S PINE AVE~~
OCALA FL 34474

Mailing Address

~~3001 S PINE AVE~~
OCALA FL 34474

2. Principal Place of Business

3601 S. Pine Ave.
 Suite, Apt. #, etc.

3. Mailing Address

3601 S. Pine Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL 34474

4. FEI Number

65-1016756

Applied For

☐ Not Applicable

Zip

34474

Country

USA

Zip

34474

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, KEVIN J
3001 S PINE AVE
OCALA FL 34474

7. Name and Address of New Registered Agent

Name **Whitaker, Michael A.**
 Street Address (P.O. Box Number is Not Acceptable)
3601 S. Pine Ave.
 City **Ocala** FL Zip Code **34474**

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

(NOTE: Registered Agent signature required when reinstating)

3/27/01
 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

TITLE **D** ☐ Delete
 NAME **WHITAKER, MICHAEL A**
 STREET ADDRESS **3001 S PINE AVE**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3601 S. Pine Ave.**
 CITY-ST-ZIP **Ocala FL 34474**

TITLE **S/** ☒ Change ☒ Addition
 NAME **SANDI HALL**
 STREET ADDRESS **3601 S PINE AVE**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01
 Date

352 671-7611
 Daytime Phone #

CR2E034 (10/00)