DOCUMENT # PODDOCOSSS 2

1. Entity Name X+reme Cycle Works, Inc.



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SECNETALN OF STATE TALLAHASSEE, FLORIDA

		· -	TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business	3. Mailing Address		<u> </u>		
4990 5. Suntonst BIVE	PO Box 9	ç २	DEINK 732 91010 1010 1**150:00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		···	
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Zip Country	Zip	Country	\$9.75 Additional	1	
34446 USA	34447	USA.	5. Certificate of Status Desired Fee Required	-	
			7. Name and Address of Current Registered Agent]	
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		H	OMOGRASSA FL 3444]	
	the purpose of changing its re	gistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligations of registered agent.					
2 CM		TON C.	matthewson 12.8-03		
SIGNATURE Synature, typed or printed name of registered agent and	d title if applicable. (NOTE; F	legistered Agent signature n	required when reinstating) DATE		
January 1 - May 1 Fee is \$150.00				1	
After May 1, Fee Is \$550.00 Amended UBR Is \$61,25			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
Make Check Payable to Florida Department of S	itate		Tradit and contributors.	1	
10. OFFICERS AND D	RECTORS			1_	
me President		TELE		CR2E034B (12/02)	
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indicated on this report of supplemental report is tr	ue and accurate and that my vered to execute this report a	eionatura ehall havo	in Section 119.07(3)(i). Florida Statutes. I further certify that the information be the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 10 or on an		
SIGNATURE: 7 Troy C. Matthewson 12-8-03 352-625-2800					
SAMATURE AND TYPED OR PRIM	ITED NAME OF SIGNING OFFICER OR	BIRECTOR	Date Daytime Phone #	}	

Xtreme Cycle Works

PO Box 983 Homosassa Springs, FL 34447 352-628-2800 352-628-2805

December 8, 2003

Uniform Business Report Divisions of Corporations PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing this letter in regards to Document Number P00000083822. We were recently informed by the Florida Department of Agriculture and Consumer Services that we were no longer an active corporation. I had looked into it and found on your website that you have the wrong physical and mailing address for our company. Therefore, we did not receive our uniform business report to file. Our proper physical address is 4990 S. Suncoast Blvd. Homosassa, FL 34446 and our mailing address is PO Box 983 Homosassa Springs, FL 34447. I am enclosing a check for our renewal fee and hope this will take care of any problems. If you should have nay questions please feel free to contact me at 352-628-2800.

Sincerely,

MaryBeth Phillips

May Both Phulips

Office Manager