	1 UNIFORM BUSI			
DOCUMENT # P00000094930				
RED LINE CYCLES, INC.				FILED
District District Durings				OI DEC 10 PM 12: 28
Principal Place of Business  Mailing Address  Mailing Address				
MELBOURNE, FL. 32935				SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business 3. Mailing Address 426 N. HARBOR CTY BLVD 408 N. HARBOR CTY BLVD				<b>b</b>
Suite, Apt. #, etc. Suite, Apt. #, etc.		1317	DO NOT WRITE IN THIS SPACE	
City & State  MELBOURNE FL. MELBOUR		City & State  MGLBOURN  Zip	5, FL,	4. FEI Number   Applied For   59 - 3611328   Not Applicable
<sup>Zip</sup> 32,9	Country Country	32935	Country	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent	None	7. Name and Address of New Registered Agent
D.	A1 = 1 7 7 = 5		Name GLN	O. C. BIA
V	ALE A. DET	MER	Street Addre	SS (P.O. Box Number is Not Acceptable)  OHEARTWELLVILLE ST NW
30	04 S. HARBOR C ELBOURNE, FL.	ity BLUD.		
M	ELBOURNE, FL.	<b>૩</b> ૪.ંવૄૄૄ	City PA	LM BAY FL Zip Code 32907
8. The above	named entity submits this statement for	the purpose of changing its r		stered agent, or both, in the State of Florida.
SIGNATURE	Lin Ria			62/5/01
SIGNATURE	Sgnature typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature req	uired 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!!!  After September 12, Make Check Payable				I TUST FULLO CONTIDUTION. L.J. ADDRO TO FEES I
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  V V, T, S, D   Addition S
NAME STREET ADDRESS CITY-ST-ZIP	GINO BIA 408 N. HARBORCI MELBOURNE,		NAME	LE NORTH HARBORCITY BLVD,
TITLE		☐ Delete	TITLE	900004745239 - Addition 8
NAME STREET ADDRESS			NAME STREET ADDRESS	-12/31/0101064020
CITY-ST-ZIP			CITY-ST-ZIP	****150.00 *****150.00
NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	_		STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP		·	CITY-ST-ZIP	$\sim$
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
* CITY-ST-ZIP		المارية	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
· NAME		☐ Delete	NAME	☐ Change ☐ Audition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
	certify that the information supplied with t	his filing does not qualify for the		Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	LUITINIS REDORT OF SUDDIEMENTAL REDORT IS T	rue and accurate and that my	y signature shall have t	
of the cor changed.	poration or the receiver or trustee empoy , or on an attachment with an address, wi	vered to execute this report a th all other like empowered.	is required by Chapter	Section 119.07(3)(i), Florida Statutes. I further certify that the information re same legal effect as if made under oath; that I am an officer or director of 507, Florida Statutes, and that my name appears in Block 11 or Block 12 if

## MICHAEL A. SANTORE ACCOUNTING & INCOME TAX SERVIÇE

2002

December 5, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: P00000094930

To whom it may concern:

I have recently been engaged to work with Mr.Bia, President and owner of Red Line Cycles, Inc. Mr.Bia is apparently new to the administrative aspects of owning a business and was not well advised by his previous bookkeeper. In going through the piles of unattended paperwork, the Florida notice of Administrative Dissolution or Revocation package "jumped" out at me. Mr.Bia does not recall receiving the original UBR that had to have been sent to him. I believe if he or his previous bookkeeper had received it, neither of them would have known the importance of it.

I am therefore completing an original UBR for 2001 and I am enclosing a check for \$150.00 and I respectfully ask that you consider the above circumstances and reinstate the corporation this one time.

Thank you for your consideration.

M. D. D. J.

Michael Á. Santore