


2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099353	
1. Entity Name Stock to Custom Cycle Shop Inc.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -6 PM 2:30

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 175 SW 20thway Suite, Apt. #, etc. N 7		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Dania FL		City & State		4. FEI Number 65-1060180	
Zip 33004	Country Broward	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Tweneboah Kwame	
Street Address (P.O. Box Number is Not Acceptable) 613 SW 76th Ave	
City N Lauderdale FL	Zip Code 33068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President St Patrick, Eggon 175 SW 20thway N 7 Dania FL 33004	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700018017147 05/05/03 - 01/05/04 \$150.00
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12. 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 10 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 #

CR2E034B (12/02)