


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90217 024 \*\*\*150.00

DOCUMENT # <u>P01000011451</u>	
1. Entity Name <u>CUSTOM SPORTBIKE CONCEPTS INC</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1019 W. COLONIAL DR</u>		3. Mailing Address <u>1019 W. COLONIAL DR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORLANDO, FL</u>		City & State <u>ORLANDO, FL</u>	
Zip <u>32804</u>	Country <u>ORANGE</u>	Zip <u>32804</u>	Country <u>ORANGE</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3695305</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>STEPHANE N. ANGLADA</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>711 REGINA CIRCLE</u>	
	City <u>OAKLAND</u>	FL Zip Code <u>34787</u>

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] STEPHANE N. ANGLADA CEO DATE 01/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>STEPHANE N. ANGLADA</u> <u>711 REGINA CIRCLE</u> <u>OAKLAND, FL 34787</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>BRENDA S. ANGLADA</u> <u>711 REGINA CIRCLE</u> <u>OAKLAND, FL 34787</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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] STEPHANE N. ANGLADA DATE 01/17/03 407-872-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)