

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90108 049 ***150.00

DOCUMENT # P01000023882

1. Entity Name
CONUNDRUM CYCLING, INC.



Principal Place of Business
**1471 N LAGOON POINT
INVERNESS FL 34453**

Mailing Address
**1471 N LAGOON POINT
INVERNESS FL 34453**

00011001



2. Principal Place of Business

3. Mailing Address

3035 NE 21ST WAY

3035 NE 21ST WAY

Suite, Apt. #, etc.
Unit #1

Suite, Apt. #, etc.
Unit #1

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip
32609

Country
USA

Zip
32609

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3702006**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANSOM, ROBIN L
1471 N LAGOON POINT
INVERNESS FL 34453**

Name
SANSOM, ROBIN L
Street Address (P.O. Box Number is Not Acceptable)
3035 NE 21ST WAY
Unit #1
City
GAINESVILLE **FL** Zip Code
32609

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)

5 FEB 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SANSOM, ROBIN L**
STREET ADDRESS **1471 N LAGOON POINT**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **P** ☒ Change ☐ Addition
NAME **SANSOM, ROBIN L**
STREET ADDRESS **3035 NE 21ST WAY, UNIT #1**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **ST** ☐ Delete
NAME **SANSOM, BARBARA**
STREET ADDRESS **1471 N LAGOON POINT**
CITY-ST-ZIP **INVERNESS FL 34453**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 FEB 2003
Date Daytime Phone #

CR2E034 (10/02)