

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90143 012 \*\*\*150.00

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**DOCUMENT # P01000069857**

1. Entity Name  
**MULTI-GEAR BIKE & SPORT, INC.**



Principal Place of Business  
**9306 BALM RIVERVIEW ROAD  
#2  
RIVERVIEW FL 33569**

Mailing Address  
**12228 BOYETTE ROAD  
RIVERVIEW FL 33569**



2. Principal Place of Business  
**9306 BALM RIVERVIEW ROAD  
Suite, Apt. #, etc.  
# 2**

3. Mailing Address  
**11836 WHISPER CREEK DR.  
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**RIVERVIEW FL**

City & State  
**RIVERVIEW FL**

4. FEI Number **59-3732337**

Applied For  
Not Applicable

Zip  
**33569** Country  
**USA**

Zip  
**33569** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SMITH, SHERMAN A  
12228 BOYETTE ROAD  
RIVERVIEW FL 33569**

**7. Name and Address of New Registered Agent**

Name **Smith Sherman A**  
Street Address (P.O. Box Number is Not Acceptable)  
**11836 Whisper Creek Dr**  
City **Riverview** FL Zip Code **33569**

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 **SHERMAN A. SMITH, PRES. 4/23/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, SHERMAN 12228 BOYETTE RD. RIVERVIEW FL 33569</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SMITH, SHERRY 12228 BOYETTE RD. RIVERVIEW FL 33569</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11836 Whisper Creek Dr.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11836 Whisper Creek Dr.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SHERRY E. SMITH 4/23/03 813/741-2421**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)