2002 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2002 8:00 am Secrétary of State **DOCUMENT#** P01000098091 1. Entity Name 07-10-2002 90192 005 ***158.75 JAKE'S THUNDER CYCLE INCORPORATED Principal Place of Business Mailing Address 240 B EGLIN PKWY 110 MONAHAN DR FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 2. Principal Place of Business Mailing Address O. Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State Fort Walton Beach 59-3748809 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 5 LANIER, DAVID S SR. Street Address (P.O. Box Number is Not Acceptable) auderhill 110 MONAHAN DR FORT WALTON BEACH FL 32547 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered egent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (4/02) Change Change ☐ Delete TITLE TITLE SR. LANIER, DAVID S SR. NAME NAME 110 MONAHAN DR STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITEE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE

changed, or on an attachme

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07/05/2002

Florida Department Of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500
RE:Jake's Thunder Cycle Incorporated
Document # P01000098091

To whom it may concern;

As per my telephone conversation with your office I am writing this correspondence to inform your office that we did not recieve any other mailings regarding the uniform business report. We have not recieved the certificate of status as well. The mailing address has changed as reflected on the UBR, and we have not had any other problems that we are aware of. I did notice that the mailing address is correct on the envelope that contained this notification. If you have any further questions please call me direct at 850-863-5255.

Fhank you,

David S. Lanier

Jake's Thunder Cycle Incorporated