

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90171 013 ***158.75

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1. Entity Name
CS BIKE, INC.



Principal Place of Business
176 SUMMERFIELD DR.
PONTE VEDRA BEACH FL 32082

Mailing Address
176 SUMMERFIELD DR.
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

3. Mailing Address

3203 OLD BARN COURT 3203 OLD BARN COURT
Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

PONTE VEDRA BEACH, FL PONTE VEDRA BEACH, FL

4. FEI Number

74-3023792

Applied For

Not Applicable

Zip

Country

Zip

Country

32082 ST. JOHN 32082 ST. JOHN

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

SPRATT, MICHAEL F.
176 SUMMERFIELD DR.
PONTE VEDRA BEACH FL 32082

Name
MICHAEL F. SPRATT
Street Address (P.O. Box Number is Not Acceptable)
3203 OLD BARN COURT
City
PONTE VEDRA BEACH FL Zip Code
32082

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 MICHAEL F SPRATT 4/24/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SPRATT, MICHAEL F
STREET ADDRESS 176 SUMMERFIELD DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE PRE
NAME SPRATT, MICHAEL F
STREET ADDRESS 3203 OLD BARN COURT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 ☒ Change ☐ Addition

TITLE V
NAME SANDER, DAVID
STREET ADDRESS 719 CHELTENHAM DR
CITY-ST-ZIP KATY TX 77450 ☐ Delete

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

TITLE S
NAME SPRATT, COURTNEY A
STREET ADDRESS 176 SUMMERFIELD DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE SEL
NAME SPRATT, COURTNEY A
STREET ADDRESS 3203 OLD BARN COURT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 ☒ Change ☐ Addition

TITLE T
NAME PRATT, BECKIE
STREET ADDRESS 9848 ROBIN HILL
CITY-ST-ZIP DALLAS TX 75238 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: MICHAEL F SPRATT 4/24/03 904 2736943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)