

Apr 23 03 06:33p

Timothy P Kelly, P.A.

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90283 032 ***150.00

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

DOCUMENT # P01000110526

1. Entity Name
 7 BRIDGES CYCLES, INC.



90106026

Principal Place of Business
 8721-1 ATLANTIC BLVD.
 JACKSONVILLE, FL 32211

Mailing Address
 8721-1 ATLANTIC BLVD.
 JACKSONVILLE, FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 03-0372977

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, TIMOTHY P ESQ
 1010 LASALLE ST.
 JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, title or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when returning)

DATE

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 ☐ Delete
 NAME ADDISON, RAYMOND
 STREET ADDRESS 8721-1 ATLANTIC BLVD.
 CITY-ST-ZIP JACKSONVILLE, FL 32211

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

TITLE ☐ Delete
 NAME PALMERI, SALVATOR
 STREET ADDRESS 8721-1 ATLANTIC BLVD.
 CITY-ST-ZIP JACKSONVILLE, FL 32211

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached resolution, address, with all official signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

904-710-5250

Date

Original Filed at

CRS2334 (10/02)