

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90076 020 ***150.00

0133455 / AV

DOCUMENT # P02000010127

1. Entity Name
THE BIKE DEPOT OF INDIAN RIVER COUNTY, INC.



Principal Place of Business
**107 FRIAR CT
SEBASTIAN FL 32958-6721**

Mailing Address
**107 FRIAR CT
SEBASTIAN FL 32958-6721**

2. Principal Place of Business

3. Mailing Address

9402 N. US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEBASTIAN, FL

City & State

4. FEI Number
02-053 8763

Applied For
Not Applicable

Zip
32958

Country
INDIAN

Zip

Country

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

**BRUNN, FRANK
407 E NEW HAVEN AVE
MELBOURNE FL 32958-6721**

Name
VIRGINIA WETHERALD

Street Address (P.O. Box Number is Not Acceptable)
937 20 PLACE

City
VERO BEACH

FL

Zip Code
32960

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 **Virginia Wetherald**
Signature, typed or printed name of registered agent and title if applicable.

VIRGINIA WETHERALD
(NOTE: Registered Agent signature required when reinstating)

4/9/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D WETHERALD, RICHARD, Pres. 107 FRIAR CT SEBASTIAN FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETHERALD, LOREN, V.P. 107 FRIAR CT SEBASTIAN FL 32958	<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
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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: **Virginia Wetherald** **4-9-03**, **772-589-7234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)