

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

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02-11-2003 90082 011 ***150.00

DOCUMENT # P02000046220			
1. Entity Name BIKERS DEPOT, INC.			
Principal Place of Business 6690 SW 6TH ST MARGATE FL 33068		Mailing Address 6690 SW 6TH ST MARGATE FL 33068	
2. Principal Place of Business 1601-A North Military Suite, Apt. #, etc. TRAIL		3. Mailing Address 1601-A North Military Suite, Apt. #, etc. TRAIL	
City & State West Palm Beach FL		City & State West palm beach FL	
Zip 33409	Country USA	Zip 33409	Country USA
4. FEI Number 23-2622107		☐ CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CANNATO, KENNETH 6690 SW 6TH ST MARGATE FL 33068		7. Name and Address of New Registered Agent Name: KENNETH CANNATO Street Address (P.O. Box Number is Not Acceptable) 1601-A North Military trail City: West Palm Beach FL Zip Code: 33409	
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: (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 NAME STREET ADDRESS CITY-ST-ZIP	D CANNATO, KENNETH 6690 SW 6TH ST MARGATE FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, BRIAN 6690 SW 6TH ST MARGATE FL 33068	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
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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: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

CR2E034 (10/02)