2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # POSOOOSEGT

FILED
Jul 03, 2003 8:00 am
Secretary of State
07-03-2003 90032 034 ***400.00

1. Entity Nan	MOTORCYCLE TRAINING O		06-19-	2003 90045	015 ***	150.00				
Principal Place	ce of Business	Mailing Address PO BOX 264								
EUSTIS FL 32			•							
EUSTIS FL 32726 HOWEY IN THE HILLS FL 34737 US US									Sanger Francis	
2. Principal Place of Business 2911 Ruleme 3. Mailing Address 2911 Ruleme							<u> </u>			
Suite, Apt. #, etc. # 7						CHECK HE	FRE IF MAKING (CHANGES		_
City & State City & State City & State Cust's					4.	FEI Number 6 16	210.94		pplied For ot Applicable	•
327	32726 Country Zip 32726 G. Name and Address of Current Registered Agent			5. Certificate of Status Desired						
	6. Name and Address of Current R	legistered Agent	}	Nome	7.	Name and Address of Ne	w Registered Ag	ent		-
PARKER	ANGELA G	and the second s		_Name	Par	rker Ana	ela G			'
PARKER, ANGELA G 605 N LAKESHORE BLVD				Street Ad	dress (P.O. I	Box Number is Not Accept	able)			1
HOWEY IN THE HILLS FL 34737				12035 Helena Ct						
			ŀ	City	1000	-1	FL	Zip Cod	11-00	1
8. The above	named entity submits this statement for tions of registered agent.	the paroase of changing its	registere	d office or	registered ac	gent, or both in the State of		niliar with,	and accept	-
-		<u> </u>		•			1-12	.43		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signatu	re required when r	reinstating)	6-18 DATE	00		}
F	ILE NOW!!! FEE IS \$150.00	7. 1								1
Afte	r May 1, 2003 Fee will be \$550.00					9. Election Campaign Trust Fund Contrib		\$5.0	May Be	
Make Chec	k Payable to Florida Department of	State				Trust Ford Confine	00 0 11.	ACCUBI	10 1693	1
10.	OFFICERS AND D		11.			DDITIONS/CHANGES TO	OFFICERS AND C	RECTOR		1_
TITLE NAME			time		Preside	ent Contor	Ç	Change	Addition	18
STREET ADDRESS			NAME	T ADDRESS	Angelo	a G. Parker 5 Helenact				=
CITY-ST-ZIP			CITY-		Lec	burg FL 3478	3			CR2E034 (10/02)
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NAME		NAN			Brace	washo:	വി	5, 0, 2, 9		ျပ
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mr.£		☐ Delete	TITLE					Change	Addition	
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NAME		- Delitit	NAME				L.	1 Augulia		
STREET ADDRESS				address						
CITY-ST-ZIP			CITY-S						I	
	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empoyers.									