

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90348 008 ***150.00

DOCUMENT # P02000133002

1. Entity Name

LUCKY'S BICYCLEWORKS, INC.



Principal Place of Business

10 FAIRWAY DRIVE
SUITE 114
DEERFIELD BEACH FL 33441

Mailing Address

10 FAIRWAY DRIVE
SUITE 114
DEERFIELD BEACH FL 33441

2. Principal Place of Business

1900 S. Ocean Blvd.
Suite, Apt. #, etc.
#8-V

3. Mailing Address

1900 S. Ocean Blvd.
Suite, Apt. #, etc.
#8-V



☒ CHECK HERE IF MAKING CHANGES

City & State

Longwood Beach, FL
Zip 33062

City & State

Longwood Beach, FL
Zip 33062

4. FEI Number

37-1452286

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, JIM E
10 FAIRWAY DRIVE
SUITE 114
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Beverly J. Hosen
Street Address (P.O. Box Number is Not Acceptable)
1900 S. OCEAN BLVD.
#8-V
City Longwood Beach FL Zip Code 33062

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 *Beverly J. Hosen*

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

(NOTE: Registered Agent signature required when reinstating)

April 11, 2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Beverly J. Hosen, Pres.</i>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Beverly J. Hosen, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03 (954) 946-4062

CR2E034 (10/02)