

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90235 034 \*\*\*150.00

**DOCUMENT # P20162**

**1. Entity Name**  
**SPECIALIZED BICYCLE COMPONENTS, INC.**



**Principal Place of Business**  
**15130 CONCORD CIRCLE**  
**MORGAN HILL CA 95037**

**Mailing Address**  
**15130 CONCORD CIRCLE**  
**MORGAN HILL CA 95037**

**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** **94-2441412**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

(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	PCEO	<input type="checkbox"/> Delete
NAME	SINYARD, MICHAEL	
STREET ADDRESS	15130 CONCORD CIRCLE	
CITY-ST-ZIP	MORGAN HILL CA 95037	
TITLE	TVCF	<input type="checkbox"/> Delete
NAME	HAYNES, MICHAEL	
STREET ADDRESS	15130 CONCORD CIRCLE	
CITY-ST-ZIP	MORGAN HILL CA 95037	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARGEVICIUS, BOB	
STREET ADDRESS	15130 CONCORD CIRCLE	
CITY-ST-ZIP	MORGAN HILL CA 95037	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EDGEUMBE, ERIC	
STREET ADDRESS	15130 CONCORD CIRCLE	
CITY-ST-ZIP	MORGAN HILL CA 95037	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, E.A. ESQ.	
STREET ADDRESS	15130 CONCORD CIRCLE	
CITY-ST-ZIP	MORGAN HILL CA 95037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:**

*Michael Sinyard*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-9-03

(408) 779-6229

Date Daytime Phone #

CR2E034 (10/02)