## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2001 8:00 am DOCUMENT # P94000002304 **Secretary of State** 1. Entity Name LEESBURG CYCLES, INC. 03-12-2001 90486 049 \*\*\*150.00 Principal Place of Business Mailing Address 2400 W MAIN ST 2408 W MAIN ST LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3220778 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THORNTON, ROY S. BENNETT, SCOTT Street Address (P.O. Box Number is Not Acceptable) 14705 PENGUIN PL 5137 PINELAKE ROAD **TAMPA FL 33625** Zip Code WESLEY CHAPEL 33543 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. FILE\_NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Firancing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE XX Delete TITLE XX Addition SEC. NAME BENNETT, SCOTT NAME JIMMY D. ROZAR STREET ADDRESS STREET ADDRESS 14705 PENGUIN PL 1747 AUSTIN MERRITT RD CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33625 GROVELAND, FLORIDA 34736 ☐ Change TITLE TITLE ☐ Delete ☐ Addition THORNTON, ROY NAME NAME STREET ADDRESS STREET ADDRESS 5137 PINELAKE RD. CITY-ST-ZIP CITY-ST-7IP WESLEY CHAPEL FL. 33543 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if