

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000019971****1. Entity Name**  
**LAKE MARY CYCLE COMPANY****Principal Place of Business****105 WAYMONT CT**  
**LAKE MARY FL 32746**  
**US****Mailing Address****105 WAYMONT CT**  
**LAKE MARY FL 32746**  
**US****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number****59-3230523****Applied For**

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****WHITNEY, KAREN L.**  
**105 WAYMONT CT**  
**LAKE MARY FL 32746****7. Name and Address of New Registered Agent**

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.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible**  
**Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **STD** ☐ Delete  
**NAME** **WHITNEY, DANIEL K**  
**STREET ADDRESS** **6845 HIDDEN GLODE PLACE**  
**CITY-ST-ZIP** **SANFORD FL****TITLE** **PD** ☐ Delete  
**NAME** **WHITNEY, KAREN L**  
**STREET ADDRESS** **6845 HIDDEN GLADE PL**  
**CITY-ST-ZIP** **SANFORD FL****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90025 012 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

0008707 AV

CR2E034 (5/01)

08/29/01 4073245506  
Date Daytime Phone #