

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION:
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Matthews
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

55 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089902 (8)**

1. Corporation Name
BLUE BIKE, INC.

(DO NOT WRITE IN THIS SPACE)

Principal Office of Corporation
**644 HEATHERWOOD CT
TARPON SPRINGS FL 34689**

Main Office Address
**644 HEATHERWOOD CT
TARPON SPRINGS FL 34689**

3. Date of Incorporation or Qualification 12/12/1994	3a. Date of Last Report
4. FEI Number 593281752	Applicant For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.03, Florida Statutes ☒ Yes ☐ No	

2. Principal Office of Corporation 21. 532 S Pine Hwy 1A State: FL	2b. Main Office 26. 532 S Pine Hwy 1A State: FL
22. Tarpon Springs City & State	27. Tarpon Springs City & State
23. 34689 Zip	28. Pinellas County
24. 34689	29. Pinellas

9. Name and Address of Current Registered Agent UNBEHAGEN, ROGER 45 W TARPON AVE TARPON SPRINGS FL 34689	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
--	---

11. Pursuant to the provisions of Sections 607.01(3)(b) and 607.01(3)(c), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. See the change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of a registered agent under Florida Statutes.

SIGNATURE: _____ (Print Name and Title of Signer)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:
NAME SMITH, ROBERT D	1. NAME Pres - Vice Pres ☒ Change ☐ Addition
STREET ADDRESS 644 HEATHERWOOD CT	2. NAME sec - Treasurer ☐ Change ☒ Addition
CITY TARAPON SPRINGS	3. NAME ELIZABETH A Smith
STATE FL	4. STREET ADDRESS 644 Heatherwood Ct
ZIP 34689	5. CITY Tarpon Springs FL 34689
NAME	6. NAME
STREET ADDRESS	7. STREET ADDRESS
CITY	8. CITY
STATE	9. STATE
ZIP	10. ZIP
NAME	11. NAME
STREET ADDRESS	12. STREET ADDRESS
CITY	13. CITY
STATE	14. STATE
ZIP	15. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 this 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Robert D Smith* President 5-577
 (NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 615-440-6110

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA 32301

APPROVED
AND
FILED

RECEIVED
MAY 11 1995

RECEIVED
MAY 11 1995

DOCUMENT # P94000090381 (2)

FINANCIAL INVESTIGATIONS ENTERPRISES, INC.

Principal Office Address: 3636 SW 9TH ST. 25
MIAMI FL 33135

3636 SW 9TH ST. 25
MIAMI FL 33135

Principal Office in This State

3. Date of Incorporation or Qualification: 12/14/1994

4. FIC Number: 65-054-7789

5. Certificate of Status Desired: ☐ Applied For ☐ Not Applicable

6. Election Campaign Financing Trust Fund Contribution: ☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.012, Florida Statutes: ☐ Yes ☐ No

2. Principal Office in Other Jurisdiction: 26. Mailing Address: 27. State: April # etc. 28. City & State: 29. City & State: 30. City & State: 31. City & State:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERS, ALVIN
3636 SW 9TH ST. 25
MIAMI FL 33135

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: FL 85. Zip Code:

11. Pursuant to this corporation's Articles of Incorporation and 1995 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the new registered office. Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. NAME: D CHAMBERS, ALVIN	2. STREET ADDRESS: 3636 SW 9TH ST. 25	1. NAME: ☐ Change ☐ Addition	2. STREET ADDRESS: ☐ Change ☐ Addition
3. CITY & STATE: MIAMI FL 33135		3. NAME: ☐ Change ☐ Addition	4. STREET ADDRESS: ☐ Change ☐ Addition
		5. NAME: ☐ Change ☐ Addition	6. STREET ADDRESS: ☐ Change ☐ Addition
		7. NAME: ☐ Change ☐ Addition	8. STREET ADDRESS: ☐ Change ☐ Addition
		9. NAME: ☐ Change ☐ Addition	10. STREET ADDRESS: ☐ Change ☐ Addition
		11. NAME: ☐ Change ☐ Addition	12. STREET ADDRESS: ☐ Change ☐ Addition
		13. NAME: ☐ Change ☐ Addition	14. STREET ADDRESS: ☐ Change ☐ Addition
		15. NAME: ☐ Change ☐ Addition	16. STREET ADDRESS: ☐ Change ☐ Addition
		17. NAME: ☐ Change ☐ Addition	18. STREET ADDRESS: ☐ Change ☐ Addition
		19. NAME: ☐ Change ☐ Addition	20. STREET ADDRESS: ☐ Change ☐ Addition
		21. NAME: ☐ Change ☐ Addition	22. STREET ADDRESS: ☐ Change ☐ Addition
		23. NAME: ☐ Change ☐ Addition	24. STREET ADDRESS: ☐ Change ☐ Addition
		25. NAME: ☐ Change ☐ Addition	26. STREET ADDRESS: ☐ Change ☐ Addition
		27. NAME: ☐ Change ☐ Addition	28. STREET ADDRESS: ☐ Change ☐ Addition
		29. NAME: ☐ Change ☐ Addition	30. STREET ADDRESS: ☐ Change ☐ Addition
		31. NAME: ☐ Change ☐ Addition	32. STREET ADDRESS: ☐ Change ☐ Addition
		33. NAME: ☐ Change ☐ Addition	34. STREET ADDRESS: ☐ Change ☐ Addition
		35. NAME: ☐ Change ☐ Addition	36. STREET ADDRESS: ☐ Change ☐ Addition
		37. NAME: ☐ Change ☐ Addition	38. STREET ADDRESS: ☐ Change ☐ Addition
		39. NAME: ☐ Change ☐ Addition	40. STREET ADDRESS: ☐ Change ☐ Addition
		41. NAME: ☐ Change ☐ Addition	42. STREET ADDRESS: ☐ Change ☐ Addition
		43. NAME: ☐ Change ☐ Addition	44. STREET ADDRESS: ☐ Change ☐ Addition
		45. NAME: ☐ Change ☐ Addition	46. STREET ADDRESS: ☐ Change ☐ Addition
		47. NAME: ☐ Change ☐ Addition	48. STREET ADDRESS: ☐ Change ☐ Addition
		49. NAME: ☐ Change ☐ Addition	50. STREET ADDRESS: ☐ Change ☐ Addition
		51. NAME: ☐ Change ☐ Addition	52. STREET ADDRESS: ☐ Change ☐ Addition
		53. NAME: ☐ Change ☐ Addition	54. STREET ADDRESS: ☐ Change ☐ Addition
		55. NAME: ☐ Change ☐ Addition	56. STREET ADDRESS: ☐ Change ☐ Addition
		57. NAME: ☐ Change ☐ Addition	58. STREET ADDRESS: ☐ Change ☐ Addition
		59. NAME: ☐ Change ☐ Addition	60. STREET ADDRESS: ☐ Change ☐ Addition
		61. NAME: ☐ Change ☐ Addition	62. STREET ADDRESS: ☐ Change ☐ Addition
		63. NAME: ☐ Change ☐ Addition	64. STREET ADDRESS: ☐ Change ☐ Addition
		65. NAME: ☐ Change ☐ Addition	66. STREET ADDRESS: ☐ Change ☐ Addition
		67. NAME: ☐ Change ☐ Addition	68. STREET ADDRESS: ☐ Change ☐ Addition
		69. NAME: ☐ Change ☐ Addition	70. STREET ADDRESS: ☐ Change ☐ Addition
		71. NAME: ☐ Change ☐ Addition	72. STREET ADDRESS: ☐ Change ☐ Addition
		73. NAME: ☐ Change ☐ Addition	74. STREET ADDRESS: ☐ Change ☐ Addition
		75. NAME: ☐ Change ☐ Addition	76. STREET ADDRESS: ☐ Change ☐ Addition
		77. NAME: ☐ Change ☐ Addition	78. STREET ADDRESS: ☐ Change ☐ Addition
		79. NAME: ☐ Change ☐ Addition	80. STREET ADDRESS: ☐ Change ☐ Addition
		81. NAME: ☐ Change ☐ Addition	82. STREET ADDRESS: ☐ Change ☐ Addition
		83. NAME: ☐ Change ☐ Addition	84. STREET ADDRESS: ☐ Change ☐ Addition
		85. NAME: ☐ Change ☐ Addition	86. STREET ADDRESS: ☐ Change ☐ Addition
		87. NAME: ☐ Change ☐ Addition	88. STREET ADDRESS: ☐ Change ☐ Addition
		89. NAME: ☐ Change ☐ Addition	90. STREET ADDRESS: ☐ Change ☐ Addition
		91. NAME: ☐ Change ☐ Addition	92. STREET ADDRESS: ☐ Change ☐ Addition
		93. NAME: ☐ Change ☐ Addition	94. STREET ADDRESS: ☐ Change ☐ Addition
		95. NAME: ☐ Change ☐ Addition	96. STREET ADDRESS: ☐ Change ☐ Addition
		97. NAME: ☐ Change ☐ Addition	98. STREET ADDRESS: ☐ Change ☐ Addition
		99. NAME: ☐ Change ☐ Addition	100. STREET ADDRESS: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, to the best of my knowledge and belief, it is true and correct. I am a resident of the state of Florida and I am familiar with and accept the obligations of the new registered office. Florida Statutes, and that my name appears in this filing as the new registered office of the corporation or the new registered agent empowered to receive this report as required by Chapter 600, Florida Statutes.

SIGNATURE: *Alvin Chambers, Resident* S/12/95 (SAC) 333-8889