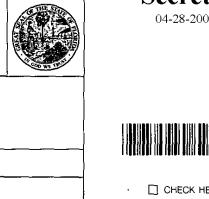
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P95000022625 **DOCUMENT #**



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90470 004 ***150.00

1. Entity Name BICYCLES UNLIMITED, INC.							04-28-2003 90470 004 *** 130.00		
Principal Place 14809 TAMIAN NORTH PORT US	AI TRAIL	14809 T	Address AMIAMI TRAIL PORT FL 34287						
2. Principal Place of Business			3. Mailin	g Address					
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			· CHECK HERE IF MAKING CHANGES		
City & Stat	e		City &	City & State			4. FEI Number 59-3302517 Applied For Not Applicable	}	
Zip Country		Žip	Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			
	and Address of Currer	nt Registered	Agent			7. Name and Address of New Registered Agent]		
					}	Name			
BOW, WIL 3713 FER	Liam S Guson Stf	REET				Street Address (I	(P.O. Box Number is Not Acceptable)		
SARASOT	A FL 34233							1	
		, \$-				City	FL Zip Code	1	
	named entity ions of registe		for the purpos	e of changing its	registere	ed office or registere	red agent, or both, in the State of Florida. I am familiar with, and accept	-	
SIGNATURE .	Signature, typed o	or printed name of registered age	nt and title if applica	able. (NOTE:	Registered	1 Agent signature required	d when reinstating) DATE		
F	ILE NOW!!	FEE IS \$150.00	.]						
		3 Fee will be \$550.00 Florida Department					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AN	D DIRECTORS	3	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	١	
NAME STREET ADDRESS CITY-ST-ZIP	PVTS BOW, WILL 3713 FERG SARASOTA	Buson St.		☐ Delete	1	1	☐ Change ☐ Addition	(40,00	
TITLE	יוסטורט	111 04200		☐ Delete	TITLE	————	☐ Change ☐ Addition	200	
NAME STREET ADDRESS CITY-ST-ZIP	II	en distribution de la companya de la		□ Delete	NAME STREE	3	☐ Change ☐ Addition	\ \tag{5}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>्राच्या व्य</u> वस्थात	and a second by	☐ Delete	TITLE NAME STREE	च र ४ , २ ० ० - र दे	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l l	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS	☐ Change ☐ Addition	 - 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied wi	th this filing do	Delete	CITY-	T ADDRESS ST-ZIP	Change Addition	ļ.	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #