2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am **DOCUMENT # P95000068179** Secretary of State 1. Entity Navie D & S CYCLING CENTER, INC. 02-15-2001 90005 017 ***150.00 Principal Place of Business Mailing Address 213 US 27 SOUTH 213 US 27 SOUTH SEBRING FL 33870 SEBRING FL 33870 3. Mailing Address 2. Principal Place of Business 215 US Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0605923 Not Applicable Rbrind 33<u>87</u>0 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 3870 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDREWS, JACQUELINE F Street Address (P.O. Box Number is Not Acceptable) 4022 WESTMINSTER RD SEBRING FL 33872 akeview Zip Code 33870 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. M Change ☐ Addition TITI F TITLE Delete ANDREWS, DANIEL F Andrews NAME NAME 4022 WESTMINSTER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ANDREWS, JACQUELINE F NAME NAME 4022 WESTMINSTER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SEBRING FL 33872 □ Change · -- □ Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE

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.

NAME

TITLE NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANUSOF SIGNING OFFICER OR DIRECTO

Daniel F. Andrews

2/10/01

863-382-7776

Daytime Phone #

☐ Change

☐ Addition