

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071758

1. Entity Name

TRULY SPOKIN' YOUR BICYCLE STORE INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90077 048 ***150.00

Principal Place of Business

Mailing Address

8601 N. DAVIS HWY
 PENSACOLA FL 32514
 US

8122 STONEBROOK DRIVE
 PENSACOLA FL 32514-3961

2. Principal Place of Business

5172 Stewart St

Suite, Apt. #, etc.

3. Mailing Address

5172 Stewart St

Suite, Apt. #, etc.

City & State

Milton FL

City & State

Milton FL

4. FEI Number

59-3335533

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGLEY, VICTOR R
 8122 STONEBROOK DRIVE
 PENSACOLA FL 32514

Name

Shelley R Suarez-Bagley

Street Address (P.O. Box Number is Not Acceptable)

8122 Stonebrook Dr

City

Pensacola

FL

Zip Code

32514

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 *Shelley R Suarez-Bagley*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAGLEY, VICTOR R	
STREET ADDRESS	8122 STONE BROOK AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHELLEY R. SUAREZ BAGLEY	
STREET ADDRESS	8122 STONE BROOK AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley R. Suarez-Bagley	
STREET ADDRESS	8122 Stonebrook Dr	
CITY-ST-ZIP	Pensacola FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shelley R Suarez-Bagley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelley Suarez-Bagley 1/20/00

Date

850 983 2488

Daytime Phone #

CR 10/14/99