

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90090 034 ***150.00

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DOCUMENT # P95000095742

1. Entity Name
HOLESHOT CYCLES, INC.



Principal Place of Business
**3231 S.E. SLATER STREET
STUART FL 34997**

Mailing Address
**3231 S.E. SLATER STREET
STUART FL 34997**



2. Principal Place of Business
3231A SE Slater St.

3. Mailing Address
3231A SE Slater St.

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

Zip
34997

Country
USA

Zip
34997

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANSEVERE, CHRIS M
3231 S.E. SLATER STREET
STUART FL 34997

4. FEI Number **65-0626093**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SANSEVERE, CHRIS M 5058 SW CHEROKEE ST PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

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

Date Daytime Phone #

CR2E034 (4/03)

Attachment

90153266

#P95000095747

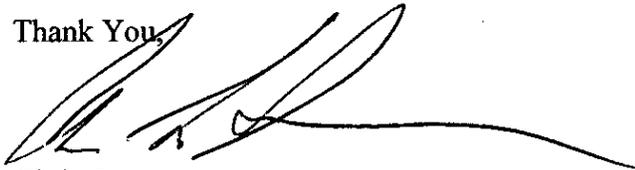
August 25, 2003

To Whom It May Concern:

From: Holeshoot Cycles, Inc
3231A SE Slater Street
Stuart, FL 34990

Please change our address to include the letter "A" after 3231 as indicated on the inclosed document so that we may receive all future mailings from you. I spoke to "Eula" today and explained that we did not receive any request from you for payment previously. We request that you waive the late fee. We have included a check for \$150.00 to pay the necessary fee.

Thank You,



Chris Sansevere
President, Holeshoot Cycles, Inc.