

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90171 012 ***158.75

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DOCUMENT # P95000096635

1. Entity Name

SPRATT CYCLE SUPPORT, INC.



Principal Place of Business

176 SUMMERFIELD DR
PONTE VEDRA BEACH FL 32082

Mailing Address

176 SUMMERFIELD DR
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3203 OLD BARN COURT

3. Mailing Address

3203 OLD BARN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

ST. JOHNS

Zip

32082

Country

ST. JOHNS

4. FEI Number

59-3353205

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRATT, COURTNEY
176 SUMMERFIELD DR
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name SPRATT COURTNEY

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

3203 OLD BARN COURT

City PONTE VEDRA BEACH

FL

Zip Code 32082

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

[Signature]

COURTNEY SPRATT

4/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	COURTNEY SPRATT	
STREET ADDRESS	176 SUMMERFIELD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIKE SPRATT	
STREET ADDRESS	176 SUMMERFIELD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY SPRATT	
STREET ADDRESS	3203 OLD BARN COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL	
TITLE	SEL: TRON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE SPRATT	
STREET ADDRESS	3203 OLD BARN COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

904-273-6943

Date

Daytime Phone #

CR2E034 (10/02)