

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90625 011 ***150.00

DOCUMENT # 996 000001-841

1. Entity Name
Bike Smyth, Inc.

Principal Place of Business Mailing Address
1743 S EIGHT STREET SAME
Suite A
FERNANDINA Beach, FL 32034

2. Principal Place of Business 3. Mailing Address
1743 S EIGHT STREET 1743 S EIGHT STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
A A
City & State City & State
FERNANDINA Beach FERNANDINA Beach
Zip Country Zip Country
32034 FL 32034 FL

4. FEI Number Applied For
59-3356182 Not Applicable

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

6. Name and Address of Current Registered Agent
PALMER, J PATRICK
1743 S EIGHT STREET
FERNANDINA Beach, FL 32034

7. Name and Address of New Registered Agent
Name PALMER, J PATRICK
Street Address (P.O. Box Number is Not Acceptable)
2408-A 1ST AVE
City FERNANDINA Beach FL Zip Code 32034

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 J PATRICK PALMER J Patrick Palmer DATE 4/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>PALMER, John A</u> <u>1820 FOREST AVE</u> <u>NEPTUNE Beach, FL 32266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>PALMER, JANE S</u> <u>1820 FOREST AVE</u> <u>NEPTUNE Beach, FL 32266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSD</u> <u>PALMER, J. Patrick</u> <u>2408-A 1ST AVE</u> <u>FERNANDINA Beach, FL 32034</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VTD</u> <u>PALMER, Shawn E</u> <u>2408-B 1ST AVE</u> <u>FERNANDINA Beach, FL 32034</u>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John A Palmer, Director John A Palmer DATE 4/28/01 (904) 277-0031
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/00)