2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P96000072430 Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90047 040 ***150.00 SUNRISE CYCLE ACCESSORIES, INC. Principal Place of Business 2294 OCEAN SHORE BLVD 2294 OCEAN SHORE BLVD ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3400582 City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired ŭ. Fee Required 7. Name and Address of New Registered Agent --Name and Address of Current Registered Agent STITH, MARY A 28 SUNRISE AVENUE ORMOND BEACH PL-32176 (4) 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 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (10/00) Change TITLE TITLE Delete STITH, MARY A Richard J. Stith 2294 OCEAN SHORE BLVD STREET ADDRESS 2294 Ocean Shore Blud #503 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32176** ORMOND BON FI 32176 Addition TITLE 📿 Delete TITLE STITH, RICHARD J NAME NAME 2294 OCEAN SHORE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ORMOND BEACH FL 32176** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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