

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90043 044 \*\*\*150.00

**DOCUMENT # P96000085242**

1. Entity Name

SUNCOAST BICYCLES PLUS, INC.

Principal Place of Business

471 NE FIRST TERRACE  
 CRYSTAL RIVER FL 34429

Mailing Address

471 NE FIRST TERRACE  
 CRYSTAL RIVER FL 34429

2. Principal Place of Business

322 N. Pine St.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness

City & State

Inverness

Zip

34450

Country

Zip

34450

Country

USA

4. FEI Number

59-3411776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WADE, MARY L

471 NE FIRST TERRACE

CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name MARY L. WADE

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

322 N. Pine St.

City Inverness

FL

Zip Code 34450

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)

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, 2002 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

TITLE VP ☐ Delete  
 NAME LAYO, MICHAEL P  
 STREET ADDRESS 471 NE FIRST TERRACE  
 CITY-ST-ZIP CRYSTAL RIVER FL 34429 322 N. Pine St. Inverness

TITLE P ☐ Delete  
 NAME WADE, MARY L  
 STREET ADDRESS 471 NE FIRST TERRACE  
 CITY-ST-ZIP CRYSTAL RIVER FL 34429 322 N. Pine St. Inverness

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mary L. Wade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

352-637-5757

Daytime Phone #

CR2E034 (9/01)