

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000091845****1. Entity Name**  
**SPIRIT GEAR, INC.****FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90373 046 \*\*\*150.00

**Principal Place of Business****4581 NW 6 ST**  
**STE H**  
**GAINESVILLE FL 32609**  
**US****Mailing Address****P.O. BOX 15267**  
**GAINESVILLE FL 32604****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number****59-3408868**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****THORP, JAMES G**  
**710 SW 117TH STREET**  
**GAINESVILLE FL 32607**

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.**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **VP** ☐ Delete  
NAME **THORP, JIM**  
STREET ADDRESS **710 SW 117 ST**  
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **THORP, KELLEY**  
STREET ADDRESS **710 SW 117 ST**  
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **HARRIS, MARCELOUS**  
STREET ADDRESS **7817 NW 53 WY**  
CITY-ST-ZIP **GAINESVILLE FL 32653**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **BAGBY, DARRELL**  
STREET ADDRESS **1024 SW 76 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **ST** ☐ Delete  
NAME **LEWIS, RHETT**  
STREET ADDRESS **181 FLORADANDY RD**  
CITY-ST-ZIP **HAWTHORNE FL 32640**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:****RHETT LEWIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-10-02 352-240-2111**

CR2E034 (9/01)