

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029775

1. Entity Name

SOUTH LAKE BICYCLES, INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90180 016 ***150.00

Principal Place of Business

121 W WASHINGTON ST
MINNEOLA FL 34755
US

Mailing Address

PO BOX 1030
MINNEOLA FL 34755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3437600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARSHALL, MARK
367 PALM LN.
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name Mark Marshall

Street Address P.O. Box Number is Not Acceptable

11524 Grand Hills Blvd

City Clermont

FL

Zip Code 34711

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

Mark Marshall

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, 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

TITLE P ☐ Delete
NAME MARSHALL, KATHLEEN A
STREET ADDRESS 367 PALM LANE
CITY-ST-ZIP CLERMONT FL 34711

TITLE VP ☐ Delete
NAME MARSHALL, MARK
STREET ADDRESS 367 PALM LANE
CITY-ST-ZIP CLERMONT FL 34711

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 P ☒ Change ☐ Addition
NAME Kathleen A. Marshall
STREET ADDRESS 11524 Grand Hills Blvd
CITY-ST-ZIP Clermont FL 34711

TITLE VP ☒ Change ☐ Addition
NAME Mark Marshall
STREET ADDRESS 11524 Grand Hills Blvd
CITY-ST-ZIP Clermont FL 34711

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: *Kathleen Marshall* Kathleen Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

352-394-3848

Daytime Phone #

CR2E034 (10/00)