

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P97000049279

1. Entity Name

K.A.D.S. BICYCLE COMPANY

Principal Place of Business

Mailing Address

6845 HIDDEN GLADE PLACE
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANFORD

Zip

Country

Zip

Country

32771

SEMINOLE

32771

U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL K WHITNEY
6845 HIDDEN GLADE PL
SANFORD FLA 32771

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, 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, 2000 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	☐ Delete
PRESIDENT	DANIEL K WHITNEY	6845 HIDDEN GLADE PL	SANFORD FL 32771	☐ Delete
V. PRESIDENT	KAREN WHITNEY	6845 HIDDEN GLADE PL	SANFORD FL 32771	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL K WHITNEY

DATE

Daytime Phone #

5/22/2000 407-330-2250

FILED

00 JUN 26 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6/9/00 90218604 \$150.00

4. FEI Number

59-3306174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (9/99)

KE