

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096128

1. Entity Name

THE BICYCLE SHOPPE OF NAPLES, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90296 035 \*\*\*150.00

Principal Place of Business

8789 TAMiami TRAIL NORTH  
NAPLES FL 34108

Mailing Address

8789 TAMiami TRAIL NORTH  
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number ~~65-0793250~~  
59-3498386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRONENBERGER, CLINTON R SR  
8789 TAMiami TRAIL NORTH  
NAPLES FL 34108

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KRONENBERGER, CLINTON R SR</b> <b>8789 TAMiami TR N</b> <b>NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/2001 941-566-3646

CR2E034 (10/00)

Document # 947000096128

MARCH 28, 2001

532705.

Please find enclosed a copy from the Internal Revenue Service stating that the FEI # 65-0793250 (which appeared in our last year Corporation papers) was incorrectly assigned. Please note the correct # 59-3498386.

Thank you!

CLINT KRONENBERGER, SR.



Department of the Treasury  
Internal Revenue Service  
ATLANTA GA 39901

Document #  
A97000096/28

Date of this notice:  
Taxpayer Identifying Number  
Form: 2363

FEB. 12, 2001  
59-3498386  
Tax Period:

532705

For assistance you may  
call us at:

1-800-829-1040

Or you may write to us at  
the address shown at the  
left. If you write, be  
sure to attach the bottom  
part of this notice.



BICYCLE SHOPPE OF NAPLES INC  
8789 TAMiami TRAIL N  
NAPLES FL 34108-3503896

**EIN ASSIGNED IN ERROR**

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

65-0793250

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Overlay 5 Form 8489 (Rev.8-91)

**Keep this part for your records**

**Return this part to us with your check or inquiry**

Your telephone number ( ) -
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Best time to call
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