

# 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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3498386  Applied For  
 Not Applicable

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	
<u>KRONENBERGER, CLINTON R SR</u> <u>8789 TAMiami TRAIL NORTH</u> <u>NAPLES FL 34108</u>		Name Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> 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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>KRONENBERGER, CLINTON R SR</u> 8789 TAMiami TR N NAPLES FL 34108	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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

3/28/2001 941-566-3646  
Date Daytime Phone #

CR2E034 (10/00)

Document # P4700096138

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.

593498386 HX 00 000000  
200105 R11747



Department of the Treasury  
Internal Revenue Service  
ATLANTA GA 39901

6501 Document #

97000096/28

Date of this notice:  
Taxpayer Identifying Number  
Form: 2363

07963-719-00098-0  
SB

13822 201

FEB. 12, 2001  
59-3498386  
Tax Period:

532705

For assistance you may  
call us at:

1-800-829-1040

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

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.

#### 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

Best time to call

( ) -

200105

07963-719-00098-0

209

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

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

593498386 HX

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