

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90001 003 ***150.00

0112568 AT

DOCUMENT # **P98000015803**

1. Entity Name
FLYWHEELS, INC.

Principal Place of Business
**12310 N.W. 62ND TERRACE
CHIEFLAND FL 32626**

Mailing Address
**12310 N.W. 62ND TERRACE
CHIEFLAND FL 32626**

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 **59-3494718**

☒ 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

**FOWLER, TROY L
7820 N.W. 21ST WAY
GAINESVILLE FL**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **FOWLER, TROY L**
STREET ADDRESS **7820 N.W. 21ST WAY**
CITY-ST-ZIP **GAINESVILLE FL 32653**

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

TITLE **D** ☐ Delete
NAME **CHEWNING, GLENN**
STREET ADDRESS **7400 S.W. 42ND PLACE, APT. B**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/01 (352) 222-5906

CR2E034 (5/01)

attachment
P98000015803

7/16/01 AD819088

To whom it may concern:

Please wave the additional fee. We did not receive the initial request for renewal. Our place of business is in a small town off of a dirt road and sometimes we have trouble with the mail service. If we would have received the notice the first time we would have sent it in to your office in a timely manner. Please do not penalize us for this lateness.

Thank you
Joy Funder