

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000032047****1. Entity Name**
BIKE & BEACH RENTALS, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90298 042 ***150.00

Principal Place of Business**2395 N BEACH RD**
ENGLEWOOD FL 34223**Mailing Address****2395 N BEACH RD**
ENGLEWOOD FL 34223**747509**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0824701**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****IZZO, JOHN P**
180 N INDIANA AVE, STE 5
ENGLEWOOD FL 34223-2959

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P** ☐ Delete**DELBRIDGE, PEGGY**
7085 YORK ST.
ENGLEWOOD FLTITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete**CRAINE, NANCY**
1311 TUDOR CIR.
ENGLEWOOD FLTITLE ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY DELBRIDGE

Date

Daytime Phone #

4/20/01 941-4737016

CR2E034 (10/00)