FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P980000 41684

1. Entity Name

BEACH BIKE RENTALS, Inc



FILED Apr 20, 2004 8:00 am Secretary of State 04-20-2004 90032 026 ***150.00

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2. Principal Pi	lace of Busin	ness	3. Mailing Address	- Mailing Address						
139 E1		rrie	SAME							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e	-10	City & State	City & State			4. FEI Number Applied For Not Applied For Not Applied For			
St. George Island FL Zip Country		Zin	Zip Country			\$9.75 Additional				
Zip Country 32328 ZISA						Fee Required				
		The second secon	en e	harris Marne			Name and Address of Current Registered Agent			
		O NOT V	NOITE	Lisa Lisa			MUNSON, CPH			
	and the second second	The second secon		9-7-			O. Box Number is Not Acceptable)			
		NTHISS	SPACE		P.O. Box 219					
			City EASTPOINT FL Zip Code 28							
8. The above	named entit	v submits this stateme	nt for the purpose of changing is	ts registere					r with, and accept	
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Sea 9 Nunson 4/19/04										
Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	After May Amended	ay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 I Florida Departmen					Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
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12. 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 10 or on an attachment with an address with all other like empowered.										
SIGNATURE: Mekal Hunth KICHARD MERRITT 4/19/04 (850) 927-3993										