

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

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90032 026 \*\*\*150.00

DOCUMENT # P98000041684

1. Entity Name

Beach Bike Rentals, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

139 EAST GORRIE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. George Island, FL

City & State

4. FEI Number

59-3513646

Applied For

Not Applicable

Zip

32328

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lisa Monson, CPA

Street Address (P.O. Box Number is Not Acceptable)

9 Island Drive

P.O. Box 219

City

EASTPOINT

FL

Zip Code

32328

**DO NOT WRITE  
IN THIS SPACE**

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

*Lisa Monson*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
Merritt, Richard  
139 EAST GORRIE  
St. George Island, FL 32328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Merritt, Richard  
139 EAST GORRIE  
St. George Island, FL 32328

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CITY-ST-ZIP

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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:

*Richard Merritt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD MERRITT 4/19/04

Date

(850) 927-3993

Daytime Phone #

CR2E034B (12/02)