2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P98000083092 1. Entity Name 04-09-2002 91182 037 ***150 00 EARL'S CYCLE CENTER, INC. Principal Place of Business Mailing Address 2420 N.W. PINE AVENUE 2420 N.W. PINE AVENUE OCALA FL 34475 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3534901 Not Applicable Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIEFERT, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 606 S.E. THIRD AVENUE OCALA FL 34471 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME HARRINGTON JR, EARL B NAME 2420 N.W. PINE AVENUE STREET ADDRESS STREET ADDRESS OCALA FL 34475 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HARRINGTON, DEBORAH J NAME STREET ADDRESS STREET ADDRESS 2420 N.W. PINE AVENUE CITY: ST-ZIP CITY_ST-ZIP OCALA FL 34475 TITLE ☐ Delete TITLE ☐ Change Addition NAME HARRINGTON, EARL B JR. NAME STREET ADDRESS STREET ADDRESS 2420 N.W. PINE AVENUE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34475 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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