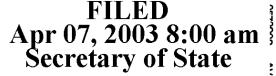
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000083092 **DOCUMENT#** 1. Entity Name



04-07-2003 90171 044 ***150.00

EARL'S CYCLE CENTER, INC.														
Principal Plac 2420 N.W. PIN OCALA FL 344		Mailing Address 2420 N.W. PINE AVENUE OCALA FL 34475 3. Mailing Address												
2. Principal P	lace of Business					- I				'III (
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						CHEC	K HERE	IF MAK	NG C	HANGES		
City & Stat	e	City & State			4. FEI Number 59-3534901 Applied For Not Applicable									
Zip Country		Zip		Country		5. Certif	ficate o	f Status I	Desired			3.75 Ad e Require	ditional	
	6. Name and Address of Current	Registered A	gent			7. Name	e and A	ddress	of New F	Register				
					Name									
SIEFERT,	MICHAEL A					Street Address (P.O. Box Number is Not Acceptable)								
606 S.E. 1	THIRD AVENUE				Street Address	is (P.O. BOX IV	umbei	IS NOT AL	ceptable	5)				
OCALA FL	_ 34471													
•	•				City				F	FL Zip Code		le		
the obligat	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00				d Agent signature requi	uired when reinstati	ng)			DAT		THE TYPE	and accept	
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State				!		tion Cam t Fund C				\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS		11.		ADDITI	ONS/C	HANGES	TO OFF	ICERS A	AND D	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRINGTON JR, EARL B 2420 N.W. PINE AVENUE OCALA FL 34475		☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harrington, Deborah J 2420 N.W. Pine Avenue Ocala Fl 34475		Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRINGTON, EARL B JR. 2420 N.W. PINE AVENUE OCALA FL 34475	annannan e e e e e e e e e e e e e e e e	Delete			مادية بي و ماديد	 :	, 10 m		المستوالة الم	^ E	_*Charige	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		v	☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4		☐ Delete		I	,			-] Change	Addition	

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.