2000 UNIFORM BUSINESS REPORT(UBR)

May 22, 2000 8:00 am Secretary of State DOCUMENT # P98000105519 1. Entity Name IRON HORSE MOTORCYCLES OF FLORIDA, INC. 03-16-2000 90070 037 ***150.00 Mailing Address Principal Place of Business 48 SHADOW LANE C SHADOW LANE LAKELAND FL 33813 LAKELAND FL 33813-3549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 9 DO NOT WRITE IN THIS SPACE XA City & State 4. FEI Number City & State Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mame MACEY, RICHARD F JR Street Address (P.O. Box Number is Not Acceptable) 48 SHADOW LANE LAKELAND FL 33813 Zip Code City 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 0.14 (9/99) Addition ☐ Delete TITLE TITLE MACEY, RICHARD F JR NAME NAME **48 SHADOW LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **LAKELAND FL 33813** M Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete nne TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Audition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

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changed, or on an atta ent with an address, with all other like empowered.

SIGNATURE:

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