

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90075 034 ***150.00

DOCUMENT # P99000041855

1. Entity Name
 Bikerbabes, Inc.
 DBA/ Seminole Web Design

Principal Place of Business **Mailing Address**
 2911 Lakeview Drive
 Casselberry, FL 32707

C0088138

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3579195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired. ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Charles S. Dixon
 1970 East Osceola Parkway #206
 Kissimmee, FL 34743

7. Name and Address of New Registered Agent

Name Vicki L. Truax
 Street Address (P.O. Box Number is Not Acceptable) 2911 Lakeview Drive
 City Casselberry FL Zip Code 32707

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 Vicki L. Truax, Bookkeeper **DATE** April 25, 2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE President
NAME Charles S. Dixon
STREET ADDRESS 1970 East Osceola Parkway #206
CITY-ST-ZIP Kissimmee, FL 34743

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Charles S. Dixon
STREET ADDRESS 2911 Lakeview Drive
CITY-ST-ZIP Casselberry, FL 32707

☒ Change ☐ Addition

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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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Charles S. Dixon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 407-831-8453
 Date Daytime Phone #

CR2E034 (9/99)