

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90129 010 ***150.00

CR2E034 (9/01)

DOCUMENT # P99000041855

1. Entity Name
BIKERBABES, INC.

Principal Place of Business

**2911 LAKEVIEW DRIVE
 FERN PARK FL 32730**

Mailing Address

**P.O. BOX 181093
 CASSELBERRY FL 32718-1093**

2. Principal Place of Business

406 Barrywood Ln

3. Mailing Address

PO Box 181093

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Casselberry

City & State
Casselberry

4. FEI Number
59-3579195

Applied For

Not Applicable

Zip
32707

Country
USA

Zip
32708-1093

Country
USA

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

6. Name and Address of Current Registered Agent

**TRUAX, VICKI L
 2911 LAKEVIEW DRIVE
 FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name
Charles S. Dixon

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

406 Barrywood Lane

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 *Charles S. Dixon*

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

(NOTE: Registered Agent signature required when reinstating)

1-25-02

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
DIXON, CHARLES S
STREET ADDRESS
2911 LAKEVIEW DRIVE
CITY-ST-ZIP
FERN PARK FL 32730

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President ☒ Change ☐ Addition
NAME
Dixon, Charles S
STREET ADDRESS
406 Barrywood Lane
CITY-ST-ZIP
Casselberry, FL 32707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

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

1-25-02

Date

407-388-0233

Daytime Phone #