2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2000 8:00 am Secretary of State DOCUMENT # P9900054772 1. Entity Name BIKE MARATHON BIKE RENTAL, INC. 05-07-2000 90031 014 ***150.00 Mailing Address Principal Place of Business P.O. BOX 501834 3600 OVERSEAS HWY. MARATHON FL 33050-1834 MARATHON FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WRIGHT, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 9711 OVERSEAS HWY., STE. 5 MARATHON FL 33050 Zio Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **PVST** ☐ Delete TITLE TITLE NAME COOPER, WILLIAM R NAME STREET ADDRESS STREET ADDRESS 3600 OVERSEAS HWY. CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE COOPER, WILLIAM R NAME STREET ADDRESS STREET ADDRESS 3600 OVERSEAS HWY. CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Delete TITLE -_ ___ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00