## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # V38275

1. Entity Name RADICAL RIDES, INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90482 014 \*\*\*150.00

				900 WE TH				
Principal Place of Business 444 PENSACOLA BEACH BLVD. BLDG. 2 PENSACOLA BEACH FL 32561		Mailing A 833 FLEI PENSACO US						1)
2. Principal Place of Business		3. Mailing	Address					
Suite, Apt. #, etc.		Suite, A	Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City &	State		4. FEI Number 59-3123	799	Applied For Not Applica	
Zip Country		Zip		Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
-	6. Name and Address of Cur	ent Registered Agent			7. Name and Address of New Registered Agent			
		بسيجهدت أحسنوني		Name				
fleet, H. B	ART			Street Addre	ss (P.O. Box Number is Not Acceptable)			
1201 EGLIN	PKWY.	•		Sileet Addre	get Address (F.O. Box Number is Not Acceptable)			
SHALIMAR F								
Of D College of C	L 02010			034		<b>—</b> 1 7	ip Code	
				City		FL   <sup>2</sup>	ib Code	
8. The above na	amed entity submits this stateme	ent for the purpose	e of changing its re	gistered office or regi	stered agent, or both, in the State	of Florida. I am familia	ir with, and acce	ept
the obligation	s of registered agent.							
CICALATURE								
SIGNATURE	nature, typed or printed name of registered	agent and title if applica	ble. (NOTE: R	egistered Agent signature rec	uired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Election Campaig Trust Fund Contri		\$5.00 May B Added to Fees	e
10.	OFFICERS ,	AND DIRECTORS		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRE	CTORS IN 11	
NAME E STREET ADDRESS 8	DP BEVAN, ROGER 33 FLEMING CT PENSACOLA FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			hange 🔲 Addi	tion   6
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			hange 🔲 Addi	tion
TITLE -		7	☐ Delete	TITLE NAME			hange 🔲 Addi	tion

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Delete

SIGNATURE: CASUCAI BULLE CROCER LARGEDAN

1/10/03

(850) 968-0482

Daytime Phon

Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition

CR2E034 (10/02