

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006689

**Entity Name:** TOUGH BIKER CORPORATION

**Current Principal Place of Business:**

7 EAST 17TH STREET  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

4417 13TH STREET  
#174  
SAINT CLOUD, FL 34769

**FEI Number:** 47-5230853

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVY, MARK  
7 EAST 17TH STREET  
SAINT CLOUD, FL 34772 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEVY, MARK  
Address        4417 13TH STREET  
                  #174  
City-State-Zip: SAINT CLOUD FL 34769

Title            SECRETARY  
Name            LEVY, YONG SUK  
Address        4417 13TH STREET  
                  #174  
City-State-Zip: SAINT CLOUD FL 34769

Title            OFFICER  
Name            LEON, MARK  
Address        4417 13TH STREET  
                  #174  
City-State-Zip: SAINT CLOUD FL 34769

Title            OFFICER  
Name            FOX, GREG  
Address        4417 13TH STREET  
                  #174  
City-State-Zip: SAINT CLOUD FL 34769

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK LEVY

**PRESIDENT**

**02/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date