

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007125

Entity Name: ONBIKES PENSACOLA, INC.**Current Principal Place of Business:**1250 E FISHER ST.
PENSACOLA, FL 32503**Current Mailing Address:**1250 E FISHER ST
PENSACOLA, FL 32503 US**FEI Number:** 81-3322216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDRADE, R. ALEXANDER
350 WEST CEDAR STREET
SUITE 100
PENSACOLA, FL 32502 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	PD
Name	WILSON, WALKER
Address	350 WEST CEDAR STREET SUITE 100
City-State-Zip:	PENSACOLA FL 32502

Title	VD
Name	ANDRADE, R. ALEXANDER
Address	350 WEST CEDAR STREET SUITE 100
City-State-Zip:	PENSACOLA FL 32502

Title	DIRECTOR
Name	WHISENANT, HOLIDAY
Address	350 WEST CEDAR STREET SUITE 100
City-State-Zip:	PENSACOLA FL 32502

Title	TD
Name	COBIA, COURTNEY
Address	350 WEST CEDAR STREET SUITE 100
City-State-Zip:	PENSACOLA FL 32502

Title	SD
Name	ANDRADE, JESSICA
Address	350 WEST CEDAR STREET SUITE 100
City-State-Zip:	PENSACOLA FL 32502

Title	D
Name	TOWNES, CAMERON
Address	350 WEST CEDAR STREET SUITE 100
City-State-Zip:	PENSACOLA FL 32502

Title	D
Name	WILLIAMS, PEYTON
Address	350 WEST CEDAR STREET SUITE 100
City-State-Zip:	PENSACOLA FL 32502

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: COURTNEY COBIA**TREASURER****03/02/2020**

Electronic Signature of Signing Officer/Director Detail

Date