

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000104276**

1. Entity Name  
**DAVID FAWKES RACING, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>5737 GREENE ST<br><br>HOLLYWOOD FL 33021 | Mailing Address<br>5737 GREENE ST<br><br>HOLLYWOOD FL 33021 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>14100 SW 36TH COURT<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br>14100 SW 36TH COURT<br><br>Suite, Apt. #, etc. |
|--|--|

DO NOT WRITE IN THIS SPACE

|                          |                          |                                    |  |
|--------------------------|--------------------------|------------------------------------|--|
| City & State<br>DAVIE FL | City & State<br>DAVIE FL | 4. FEI Number<br><b>65-0880191</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>33330             | Country                  | Zip<br>33330                       | Country  |

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

**6. Name and Address of Current Registered Agent**

FAWKES DAVID J  
 5737 GREENE ST  
  
 HOLLYWOOD FL 33021

**7. Name and Address of New Registered Agent**

Name  
 FAWKES DAVID J  
 Street Address (P.O. Box Number is Not Acceptable)  
 14100 SW 36TH COURT  
  
 City  
 DAVIE FL Zip Code  
 33330

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 DAVID J. FAWKES DATE 04/29/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FAWKES DAVID J<br>5737 GREENE ST<br>HOLLYWOOD FL 33021 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>FAWKES DAVID J<br>14100 SW 36TH COURT<br>DAVIE FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: David J. Fawkes Pres Date 04/29/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)