

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062893

1. Entity Name
SRE RACING PRODUCTS, INC.

Principal Place of Business

**846 N DIXIE HWY
UNIT 24
LANTANA FL 33462
US**

Mailing Address

**3705 SOUTH LAKE DRIVE
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

18585 137th Ter. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

Zip

Country

Zip

Country

33478

USA

4. FEI Number **65-0769416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDALL, SCOTT R
3705 SOUTH LAKE DRIVE
BOYNTON BEACH FL 33435**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

18585 137th Ter. N.

City

Jupiter

FL

Zip Code

33478

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11--

TITLE **D** ☐ Delete
NAME **RANDALL, SCOTT R**
STREET ADDRESS **3705 SOUTH LAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHARPE, LESLIE A**
STREET ADDRESS **3705 SOUTH LAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 like empowered.

SIGNATURE:

Leslie A. Sharpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90365 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)