2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90053 021 ***150.00

DOCUMENT # P98000098526

1. Entity Name
THE JARRETT/FAVRE DRIVING ADVENTURE, INC.

Principal Place of Business	Mailing Address
3660 MAGUIRE BLVD STE101 ORLANDO FL 32803	3660 MAGUIRE BLVD STE101 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4279 BURNWOOD TR	4279 BURNWOOD TR
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.
City & State DENVER, NC	City & State DENVER, NC
Zip 28037 Country	Zip 28037 Country

4. FEI Number 59-3564984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHANNON, TIMOTHY
3660 MAGUIRE BLVD STE101
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Kenneth J. Scott CPA
Street Address (P.O. Box Number is Not Acceptable) X 1956 Lee Rd #270
X City Winter Park FL Zip Code 32789

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 ______ 1/25/02
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, 2002 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	P	☑ Delete	TITLE	PRES	☑ Change ☐ Addition
NAME	SHANNON, TIMOTHY		NAME	SHANNON, TIMOTHY	
STREET ADDRESS	3660 MAGUIRE BLVD STE101		STREET ADDRESS	X 4279 BURNWOOD TR	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	X DENVER, NC 28037	
TITLE	V	☑ Delete	TITLE		☑ Change ☐ Addition
NAME	ROSENBLOOM, BRIAN		NAME		
STREET ADDRESS	3660 MAGUIRE BLVD STE 101		STREET ADDRESS	X 9632 MAYWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	X WINDERMERE, FL 34786	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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: X SIGNATURE REQUIRED Shannon 2/20/02 (704) 489-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #