

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90023 028 \*\*\*150.00

**DOCUMENT # 461547**

1. Entity Name

**RALLYE MOTORS, INC.**

Principal Place of Business

Mailing Address

1749 SW COLLEGE ROAD  
 Ocala FL 34474  
 US

1749 SW COLLEGE ROAD  
 Ocala FL 34474-3023  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1553732**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLER, KEVIN**  
 1749 SW COLLEGE RD.  
 Ocala FL 34474

Name

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

City

**FL**

Zip Code

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, 2000 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  Delete  
 NAME **PD SULLIVAN, ARTHUR**  
 STREET ADDRESS **246 MONTEREY ROAD**  
 CITY-ST-ZIP **PALM BEACH FL 34480**

TITLE  Change  Addition  
 NAME **D Fields, Mel**  
 STREET ADDRESS **37 G Southport Lane**  
 CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE  Delete  
 NAME **DS SULLIVAN, MELISSA H**  
 STREET ADDRESS **246 MONTEREY ROAD**  
 CITY-ST-ZIP **PALM BEACH FL 34480**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DST BOSTIC, WANDA**  
 STREET ADDRESS **P. O. BOX 760**  
 CITY-ST-ZIP **FT. WHITE FL 32038**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V SMITH, CHARLES**  
 STREET ADDRESS **16740 NE 148TH TERRACE RD.**  
 CITY-ST-ZIP **FT. MCCOY FL 32134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP SMITH, CHRIS**  
 STREET ADDRESS **1749 SW COLLEGE ROAD**  
 CITY-ST-ZIP **OCALA FL 34474**

TITLE  Change  Addition  
 NAME **VP/D Smith, Chris**  
 STREET ADDRESS **1749 SW College Road**  
 CITY-ST-ZIP **Ocala, FL 34474**

TITLE  Delete  
 NAME **D SULLIVAN, BARBARA**  
 STREET ADDRESS **481 MAIN STREET**  
 CITY-ST-ZIP **WILBRAHAM MA 01095**

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: **Charles Smith**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/00** Daytime Phone # **352-732-6035**