

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90313 036 ***150.00

DOCUMENT # 561817

1. Entity Name
BRYANT RACING EQUIPMENT, INC.



Principal Place of Business
1900 HIGHWAY 87
NAVARRE FL 32566

Mailing Address
1900 HIGHWAY 87
NAVARRE FL 32566

2. Principal Place of Business
2299 Hwy 87
Suite, Apt. #, etc.

3. Mailing Address
2299 Hwy 87
Suite, Apt. #, etc.

City & State
NAVARRE, FL
Zip
32566 Country

City & State
NAVARRE, FL
Zip
32566 Country

4. FEI Number
59-1807169

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRYANT, BILLY G
1900 HWY 87
NAVARRE FL 32566

See Address change

7. Name and Address of New Registered Agent

Name
BRYANT, TIMOTHY R.
Street Address (P.O. Box Number is Not Acceptable)
2299 Hwy 87
City
NAVARRE FL Zip Code
32566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	BRYANT, TIMOTHY R	
STREET ADDRESS	23 SOLAR ST.	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	PD	☒ Delete
NAME	BRYANT, BILLY G	
STREET ADDRESS	7991 NEWPORT ST.	
CITY-ST-ZIP	NAVARRE FL	
TITLE	SD	☒ Delete
NAME	BRYANT, VIRGINIA F	
STREET ADDRESS	7991 NEWPORT ST.	
CITY-ST-ZIP	NAVARRE FL	
TITLE	VD	☒ Delete
NAME	BRYANT, RANDY L	
STREET ADDRESS	RT 1 BOX 9288 QUAIL ROOST DR	
CITY-ST-ZIP	NAVARRE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

850-939-3850

CR2E034 (10/02)