

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000001758

1. Entity Name

6C Racing, Ltd., Inc.

FILED

02 APR 30 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The Courtyard

Suite, Apt. #, etc.

Block C, Unit F

City & State

Newbridge Co. Kildare

Zip

Country

Ireland

3. Mailing Address

c/o William H. Newton, III

Suite, Apt. #, etc.

444 Brickell Ave., #300

City & State

Miami, FL

Zip

33131

Country

4. FEI Number

65-0973844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William H. Newton, III

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

444 Brickell Ave., Suite 300

City

Miami

FL

Zip Code
33131

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

William H. Newton III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/C
Barbara FitzGerald
The Courtyard, Block C, Unit F
Newbridge Co. Kildare, Ireland

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005507651--6
-05/14/02--01008--019
****300.00 ****300.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

B. FitzGerald

Barbara FitzGerald

4/29/02

305-357-6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)