

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90171 012 ***158.75

DOCUMENT # F95000002515

1. Entity Name
SPEEDSOURCE, INC.

Principal Place of Business
590 GOOLSBY BLVD
STE D
DEERFIELD BCH FL 33442
US

Mailing Address
590 GOOLSBY BLVD
STE D
DEERFIELD BCH FL 33442
US

2. Principal Place of Business
10870 NW 52 ST
 Suite, Apt. #, etc.

3. Mailing Address
10870 NW 52 ST
 Suite, Apt. #, etc.

City & State
Surprise, FL
Zip
33351
Country
USA

City & State
Surprise, FL
Zip
33351
Country
USA

DO NOT WRITE IN THIS SPACE
4. FEI Number **65-1603235**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TREMBLAY, SYLVAIN
521 NE 38TH ST
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **Tremblay, Sylvain**
Street Address (P.O. Box Number is Not Acceptable)
10870 NW 52nd Street
City **Surprise** **FL** **Zip Code** **33351**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TREMBLAY, SYLVAIN**
STREET ADDRESS **521 NE 38TH ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Tremblay, Sylvain**
STREET ADDRESS **10870 NW 52nd St**
CITY-ST-ZIP **Surprise, FL 33351**

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 _____

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02
 Date

954 578-7071
 Daytime Phone #

CR2E034 (9/01)