

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90030 009 \*\*\*150.00

**DOCUMENT # H22669**

1. Entity Name

CUTNAIL RACING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

300 S.E. 2nd Street

Suite, Apt. #, etc.

3. Mailing Address

300 S.E. 2nd Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

City & State

Ft. Lauderdale, FL

Zip

33301

Country

4. FEI Number

59-24695000

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

Patricia Jones

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

300 S.E. 2nd Street

City

Ft. Lauderdale, FL

FL

Zip Code

33301

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) ☒

**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     | Stiles, Terry | 300 S.E. 2nd Street | Ft. Lauderdale, FL 33301 |
| TITLE | NAME          | STREET ADDRESS      | CITY-ST-ZIP              |
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| TITLE | NAME          | STREET ADDRESS      | CITY-ST-ZIP              |

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 954-627-9336  
Date Daytime Phone #

CR2E034B (12/01)