

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H60465

1. Entity Name
VINTAGE MOTORSPORT, INC.



Principal Place of Business
**5151 S LAKELAND DR
SUITE 15
LAKELAND, FL 33813 US**

Mailing Address
**5151 S LAKELAND DR
SUITE 15 / P.O. BOX 7200
LAKELAND, FL 33813 US**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2540213

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C. GEOFFREY VINING, P.A.
129 S. KENTUCKY AVE., SUITE 702
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

UD00000152971
05/04/04-80107-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HEACOCK, FORD III
STREET ADDRESS 5151 S LAKELAND DR, SUITE 15
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D
NAME CRITCHELL, ROBERT S.
STREET ADDRESS 60 ARCH STREET
CITY-ST-ZIP GREENWICH, CT 06830

TITLE AS
NAME BOYETTE, TERRI M.
STREET ADDRESS 5151 S LAKELAND DR, SUITE 15
CITY-ST-ZIP LAKELAND, FL 33813

TITLE DC
NAME SILVERMAN, SYD
STREET ADDRESS 60 ARCH STREET
CITY-ST-ZIP GREENWICH, CT 06830

TITLE ST
NAME SILVERMAN, SYD
STREET ADDRESS 60 ARCH ST.
CITY-ST-ZIP GREENWICH, CT 06830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: TERRI M. BOYETTE 4/30/03 863-607-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #