

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90151 026 ***150.00

DOCUMENT # H70342

1. Entity Name

AUTO PRO RACING, INC.

Principal Place of Business

Mailing Address

**4651 BABCOCK ST NE
 16B
 PALM BAY FL 32905-2808
 US**

**4651 BABCOCKSTINE
 16B
 PALM BAY FL 32905
 US**

2. Principal Place of Business

4570 BABCOCK ST NE.

3. Mailing Address

4570 BABCOCK ST N.E.

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

13

City & State

PALM BAY, FLA

City & State

PALM BAY, FLA

Zip

32905

Country

BREWARD

Zip

32905

Country

BREWARD

4. FEI Number

59-2602130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIORELLI, DONALD

**4651-16 BABCOCK ST. NE
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

FIORCELLI, DONALD

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

4570-13 BABCOCK ST. NE.

City

PALM BAY

FL

Zip Code

32905

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 **Dan Fioresi**

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

Don Fioresi

(NOTE: Registered Agent signature required when reinstating)

3/4/02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FIORCELLI, DONALD	
STREET ADDRESS	626 ELIZABETH ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FIORCELLI, DENISE	
STREET ADDRESS	626 ELIZABETH ST SE	
CITY-ST-ZIP	PALM BAY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/01)

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:

Donald Fioresi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
 Date

9842200
 Daytime Phone #