

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90184 028 ***150.00

DOCUMENT # J24048

1. Entity Name

N & S MOTORSPORT PARTS AND ACCESSORIES, INC.

Principal Place of Business

235 PERUVIAN AVE
 PALM SPRINGS FL 33480
 US

Mailing Address

235 PERUVIAN AVE
 PALM SPRINGS FL 33480-4695
 US

2. Principal Place of Business

225 PERUVIAN AVE
 Suite, Apt. #, etc.

3. Mailing Address

225 PERUVIAN AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

59-2701655

Applied For

Not Applicable

Zip

Country

33480

Zip

Country

33480

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VILLARS, STUART
 235 PERUVIAN AVE
 PALM SPRINGS FL 33480

7. Name and Address of New Registered Agent

Name

VILLARS STUART

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

225 PERUVIAN AVE

City

PALM BEACH

State

FL

Zip Code

33480

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	VILLARS, STUART	
STREET ADDRESS	225 PERUVIAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	VILLARS, NANCY	
STREET ADDRESS	225 PERUVIAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

561-659-6620

Daytime Phone #

CR20014 (3/99)