

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91323 026 ***150.00

DOCUMENT # J69785

1. Entity Name

J. B. RACING, INC.

Principal Place of Business

Mailing Address

**13500 SOUTHRIDGE INDUSTRIAL DRIVE
TAVARES FL 32778
US**

**13500 SOUTHRIDGE IND. DR.
TAVARES FL 32778
US**

2. Principal Place of Business

527 SOUTHRIDGE INDUSTRIAL DRIVE
Suite, Apt. #, etc.

3. Mailing Address

527 SOUTHRIDGE INDUSTRIAL DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAVARES, FL

City & State

TAVARES, FL

4. FEI Number

59-2821963

Applied For

Not Applicable

Zip

Country

32778

US

Zip

Country

32778

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGGS, G. M.
32138 ALICE STREET
TAVARES FL 32778**

Name

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

City

FL

Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when re-instating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGS, G. M. 32138 ALICE STREET TAVARES FL 32778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGS, BEVERLY J. 32138 ALICE STREET TAVARES FL 32778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Beverly J. Higgs **BEVERLY J. HIGGS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
Date

(352) 343-8900
Daytime Phone #

CR2E034 (10/00)