

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90066 016 ***150.00

1. Entity Name
OCEANSHORE MOTORSPORTS, INC.

275 CLYDE MORRIS BLVD
ORMOND BEACH FL 32174
US

275 CLYDE MORRIS BLVD
ORMOND BEACH FL 32174
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Applied For

Not Applicable

☐ **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

VOGES, WILLIAM J
275 CLYDE MORRIS BLVD
ORMOND BEACH FL 32174

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 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, 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	PVST	<input type="checkbox"/> Delete
NAME	ROOT, CHAPMAN J II	
STREET ADDRESS	275 CLYDE MORRIS BLVD	
CITY - ST - ZIP	ORMOND BEACH FL 32174	

TITLE	D	<input type="checkbox"/> Deleted
NAME	ROOT, CHAPMAN J II	
STREET ADDRESS	275 CLYDE MORRIS BLVD	
CITY - ST - ZIP	ORMOND BEACH FL 32174	

TITLE	<div><input type="checkbox"/> Delete</div>
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	

0171-51-21	
TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	J. David Glenn		
STREET ADDRESS	275 Clyde Morris Blvd.		
CITY - ST - ZIP	Ormond Beach, FL 32174		

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	

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

Date _____

Day:re [3]have a

CR2E034 (10/00)