

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90101 027 ***150.00

DOCUMENT # K80031

1. Entity Name
SPEEDWAY TRANSMISSIONS, INC.



Principal Place of Business
**6536 E COLONIAL DR.
ORLANDO, FL 32807 US**

Mailing Address
**C/O [REDACTED] GULFORD
ORLANDO, FL 32801**

2. Principal Place of Business

3. Mailing Address
6536 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32807

Orange

4. FEI Number

59-2950970

Appl

Not A

5. Certificate of Status Desired ☐

\$8.75 Addit
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHETERLE, MARY S
1769 BONNEVILLE DRIVE
ORLANDO, FL 32826**

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. I am familiar with, and the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when making change)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Added to

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCHETERLE, THOMAS**
CITY-ST-ZIP **1769 BONNEVILLE DR.
ORLANDO, FL**

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCHETERLE, MARY S.**
CITY-ST-ZIP **1769 BONNEVILLE DR.
ORLANDO, FL**

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

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 info 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 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 11 changed, or on an attachment with an address, with all other like empowered.