

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90757 001 ****50.00

DOCUMENT # L00000001408



1. Entity Name
APBA OFFSHORE POWER BOAT RACING, LLC

Principal Place of Business
111 2ND AVE., NE
SUITE 620
ST. PETERSBURG FL 33701-3479

Mailing Address
111 2ND AVE., NE
SUITE 620
ST. PETERSBURG FL 33701-3479



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
100-2nd Ave S.
Suite, Apt. #, etc.
#7045

3. Mailing Address
100-2nd Ave S.
Suite, Apt. #, etc.
#7045

City & State
St. Petersburg, FL
Zip
33701
Country
USA

City & State
St. Petersburg, FL
Zip
33701
Country
USA

4. FEI Number **59-3625130**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLWEISS, MICHAEL D
111 2ND AVE., NE
SUITE 620
ST. PETERSBURG FL 33701-3479

7. Name and Address of New Registered Agent

Name **New Address 2**
Street Address (P.O. Box Number is Not Acceptable)
100-2nd Ave S.
#7045
City **St. Petersburg** FL Zip Code **33701**

8. The above named entity signs 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 accept the obligations of registered agent.

SIGNATURE **Michael Allweiss**

DATE **4/29/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME ALLWEISS, MICHAEL D	
STREET ADDRESS 111 2ND AVE., NE	100-2nd Ave S.
CITY-ST-ZIP ST. PETERSBURG FL 33701-3479	#7045
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	

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Michael Allweiss** MGRM
DATE: **4/29/03**
Daytime Phone #: **821-2722**

CR2E083 (10/02)