

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

2. Principal Place of Business

100-2nd Ave S.
Suite, Apt. #, etc. #7045
City & State St. Petersburg, FL
Zip 33701 Country USA

3. Mailing Address

100-2nd Ave S.
Suite, Apt. #, etc. #7045
City & State St. Petersburg, FL
Zip 33701 Country USA



☐ CHECK HERE IF MAKING CHANGES

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 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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)