

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007543

1. Entity Name

RACINGTRADER.COMPETITION, L.L.C.

Principal Place of Business

14180 HAMPTON FALLS DRIVE NORTH
JACKSONVILLE FL 32224

Mailing Address

P.O. BOX 550702
JACKSONVILLE FL 32255

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 9:43



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3714102

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OGLETREE, RONALD H
14180 HAMPTON FALLS DRIVE NORTH
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GEOHAGAN-OGLETREE, VIVIAN F
14180 HAMPTON FALLS DRIVE NORTH
JACKSONVILLE FL 32224

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARNS, WILLIAM SCOTT
11668 FRANCIS DRAKE DRIVE
JACKSONVILLE FL 32225

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MGRM~~
RONALD H. OGLETREE
14180 HAMPTON FALLS DR. N.
JACKSONVILLE, FL 32224

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004616358--2
-09/28/01-0104-0105
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CITY-ST-ZIP

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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]
REQUIRED

8/15/01 94-28-2007

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CR2E083 (5/01)

STAPLE CHECK HERE