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FILED

01 MAY -4 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009780

1. Entity Name

GP Tech Racing, LLC

Principal Place of Business

1120 Holland Drive  
Suite 10  
Boca Raton, FL 33487

Mailing Address

1120 Holland Drive  
Suite 10  
Boca Raton, FL 33487

2. Principal Place of Business

1120 Holland Drive

3 Mailing Address

1120 Holland Drive

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City &amp; State

Boca Raton, FL

City &amp; State

Boca Raton, FL

4. FEI Number

☒

Applied For

Not Applicable

Zip

33487

County

Zip

33487

County

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Corporate Creations Network Inc.

941 Fourth Street #200

Miami Beach FL 33139

7. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITION/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPManager  
Geoff Maloney  
1120 Holland Drive  
Boca Raton FL 33487☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ CHANGE  
☐ ADDITIONTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPManager  
Per Hogdahl  
1120 Holland Drive  
Boca Raton FL 33487☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ CHANGE  
☐ ADDITIONTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ CHANGE  
☐ ADDITIONTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ CHANGE  
☐ ADDITIONTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ CHANGE  
☐ ADDITION

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone

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