

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90055 007 ****55.00

DOCUMENT # L02000019768

1. Entity Name

BLUE MOON MOTORSPORTS, LLC



Principal Place of Business

**3044 HARBOUR LANDING WAY
CASSELBERRY FL 32707**

Mailing Address

**3044 HARBOUR LANDING WAY
CASSELBERRY FL 32707**

2. Principal Place of Business

749 FLEET FINANCIAL CT.

3. Mailing Address

749 FLEET FINANCIAL CT.

Suite, Apt. #, etc.

SUITE # 1005

Suite, Apt. #, etc.

SUITE # 1005

City & State

LONGWOOD, FLORIDA

City & State

LONGWOOD, FLORIDA

Zip

32750

Country

USA

Zip

32750

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2067352

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAMHI, ALBERT
3044 HARBOUR LANDING WAY
CASSELBERRY FL 32707**

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. 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 **MGR** ☐ Delete
NAME **KAMHI, ALBERT**
STREET ADDRESS **3044 HARBOUR LANDING WAY**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **MGR** ☐ Delete
NAME **KAMHI, TERRY A**
STREET ADDRESS **3044 HARBOUR LANDING WAY**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Change ☐ Addition
NAME **KAMHI, TERRY A**
STREET ADDRESS **3044 HARBOUR LANDING WAY**
CITY-ST-ZIP **CASSELBERRY, FL. 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

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

Date

Daytime Phone #

1/22/03 407-788-0740

CR2E083 (10/02)