

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L970000000602**

1. Entity Name

RACEWAY MARKETING LC.

FILED

01 MAR 30 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**7280 W. Palmetto Park Rd.
Suite 305N
BOCA RATON, FL 33433**

**7280 W. Palmetto Park Rd.
Suite 305N
BOCA RATON, FL 33433**

Principal Place of Business

Mailing Address

**QDOTA ASSOCIATES
Suite, Apt. #, etc.
3711 NE 2th AVE.**

**QDOTA ASSOCIATES
Suite, Apt. #, etc.
3711 NE 2th AVE.**

DO NOT WRITE IN THIS SPACE

MJH

LIGHTHOUSE PT, FL

LIGHTHOUSE PT FL

4. FEL Number

56-2088654

Applied For

Not Applicable

33064

USA

33064

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Kramer Williams
Abram's Anton P.A.
2255 Glades Rd. 411-E
BOCA RATON FL 33431**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MBR** ☐ Delete
NAME **Roadwear Inc.**
STREET ADDRESS **2204 Mandarin Drive**
CITY-ST-ZIP **Boca Raton FL 33433**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/27/01

CR2E083 (11/00)