## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L98000001033



## FILED Mar 13, 2003 8:00 am Secretary of State

RACING UNLIMITED, L.C.							03-13-2003 90002 030 ****50.00				
Principal Place of Business 4004 BAY POINTE DRIVE GULF BREEZE FL 32561			Mailing Address 4004 BAY POINTE DRIVE GULF BREEZE FL 32561								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Num	ber <b>59-35240</b> 6	67	$\rightarrow$	pplied For lot Applicable	
Zip Country		Country	Zip	Zip Count		5. Certifica	te of Status Desired		\$5.00 Ad Fee Require	Iditional	
	6. Name	and Address of Current	Registered Agent			7. Name a	nd Address of New F	Registered A	gent		
MAR	RLER, RON	ND -	<del></del>		Name	سبور کے د				• -	
4004 BAY POINTE DRIVE GULF BREEZE FL 32561					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	ie	
8. The above the obligat	named entity	submits this statement for	or the purpose of changing its	register	ed office or registe	ered agent, or b	oth, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE .	J	, and the second									
0.	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE			
<b>P</b> c			FILE NO	OW!!! I	FEE IS \$50.00	ı					
			Make Check Payab		-	ent of State					
		,			ay 1, 2003						
9.	MGRM	MANAGING MEMBE		10.			ADDITIONS				
NAME I	l	RONALD	☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS 4004 BAY POINTE DRIVE					ET ADDRESS						
CITY-ST-ZIP	GULF BR	EEZE FL 32561		CITY	-ST-ZIP					j	
TITLE			☐ Delete	TITLE		*****			☐ Change	Addition	
NAME STREET ADDRESS				NAMI	1						
CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
TITLE		<u> </u>	☐ Delete	TITLE		_			Change	Addition	
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STREET ADDRESS				NAME STREE	T ADDRESS						
CITY-ST-ZIP					ST-ZIP					ĺ	
11. I hereby co	ertify that the	information supplied with is true and accurate and	this filing does not qualify for that my signature she have t	the exen	nption stated in Se	ection 119.07(3	(i), Florida Statutes. I	further certif	y that the in	formation	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.