

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO1000002038**

1. Entity Name

**SPEEDSTER MOTORCARS, LLC**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90221 017 \*\*\*\*50.00

Principal Place of Business

**9210 TURKEY SHOOT ROAD  
NEW PORT RICHEY FL 34654**

Mailing Address

~~9210 TURKEY SHOOT ROAD  
NEW PORT RICHEY FL 34654~~

**966634**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 1647**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**63-1281973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AKINS, MICHAEL K  
9210 TURKEY SHOOT ROAD  
NEW PORT RICHEY FL 34654**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **FARR, JOHN A III**  
STREET ADDRESS **2200 KIRKLAND DRIVE**  
CITY-ST-ZIP **AUBURN AL 36832**

TITLE **MGR** ☐ Delete  
NAME **ADKINS, MICHAEL K**  
STREET ADDRESS **9210 TURKEY SHOOT ROAD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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:

**JOHN A FARR III**

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

**4/30/02 (334) 705-0290**

Date

Daytime Phone #

CR2E083 (9/01)