

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90316 009 \*\*\*\*75.00

**DOCUMENT # N00000007425**

1. Entity Name

**DRUG BUSTER RACING, INC.**

Principal Place of Business

3800 62ND AVE. N. B101  
 PINELLAS PARK FL 33781

Mailing Address

3800 62ND AVE. N. B101  
 PINELLAS PARK FL 33781

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Drug Buster Racing, Inc

Suite, Apt. #, etc.

PO Box 3244

City & State

Pinellas Park, FL

Zip

33780-3244

Country

US - Amer.

4. FFL Number

59-3687934

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GALLOWAY, MERTON B**  
**3800 62ND AVE. N. B101**  
**PINELLAS PARK FL 33781**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	GALLOWAY, MERTON B	
STREET ADDRESS	3800 62ND AVE. N. B101	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, MICHAEL	
STREET ADDRESS	9397 90TH ST. NORTH	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, CHARLENE L	
STREET ADDRESS	5855 56TH AVE. N.	
CITY-ST-ZIP	KENNETH CITY FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	Edwin Seaton	
STREET ADDRESS	1719 Old Elm B-8	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	Joseph Edwards	
STREET ADDRESS	5901 Island Dr.	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jane Curry	
STREET ADDRESS	1719 Old Elm A-2	
CITY-ST-ZIP	Sarasota, FL 34234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Killeen	
STREET ADDRESS	4816 Snook Dr.	
CITY-ST-ZIP	St Petersburg, FL 33705	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Albright	
STREET ADDRESS	156 Brad Ci.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MERTON B. GALLOWAY  
Director Date: 2/29/01 Daytime Phone #: 727-527-7656

CR2E037 (10/00)