

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007425

1. Entity Name

DRUG BUSTER RACING, INC.

FILED

May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90065 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

DRUG BUSTER RACING INC  
P.O. BOX 3244  
PINELLAS PARK FL 33780-3244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

609 IMPERIAL PALMS DR.

609 IMPERIAL PALMS DR.

City & State

City & State

LARGO

LARGO

Zip

Country

Zip

Country

33771

PINELLAS

33771

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name MERTON B. GALLOWAY, PRES./RA.

Street Address (P.O. Box Number is Not Acceptable)

609 IMPERIAL PALMS DRIVE, #9

City LARGO,

FL

Zip Code 33771

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

4-17-2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTSD  
NAME GALLOWAY, MERTON B  
STREET ADDRESS 3800 62ND AVE. N. B101  
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

TITLE VICE PRESIDENT  
NAME MARILYN SKINNARD  
STREET ADDRESS 5357-81ST ST. N. #9  
CITY-ST-ZIP ST. PETERSBURG, FL 33709 ☐ Change ☒ Addition

TITLE D  
NAME KILLEEN, EDWARD  
STREET ADDRESS 4816 SNOOK DR  
CITY-ST-ZIP SAINT PETERSBURG FL 33705 ☐ Delete

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

TITLE D  
NAME ALBRIGHT, LINDA  
STREET ADDRESS 156 BRAD CIR  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☒ Delete

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

TITLE D  
NAME SEATON, EDWIN  
STREET ADDRESS 1719 OLD ELM B-8  
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

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

TITLE D  
NAME EDWARDS, JOSEPH  
STREET ADDRESS 5901 ISLAND DR  
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

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

TITLE D  
NAME CURRY, JANE  
STREET ADDRESS 1719 OLD ELM A-2  
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02

727-581-0747

CR2E037 (9/01)