

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90162 022 ****61.25

DOCUMENT # N94000001851

1. Entity Name

TOP COP RACING, INC.

Principal Place of Business

Mailing Address

13864-106TH AVE N
 SEMINOLE FL 34644
 US

13864-106TH AVE N
 SEMINOLE FL 34644
 US

2. Principal Place of Business

3. Mailing Address

1780 Southview Rd.

1780 Southview Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LARGO, FLORIDA

City & State

LARGO, FLORIDA

4. FEI Number

59-3203275

Applied For

Not Applicable

Zip

33770

Country

FLORIDA

Zip

33770

Country

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, ROBERT R
 13864 106TH AVE N
 SEMINOLE FL 33774

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

Randy Davis - Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D	<input type="checkbox"/> Delete
NAME	MANNING, PAM P	
STREET ADDRESS	1780 SOUTHVIEW RD.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, RANDY W	
STREET ADDRESS	1701 N TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, DONALD	
STREET ADDRESS	PO BOX 3371	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HART, ROBERT	
STREET ADDRESS	13864-106TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 34644	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>411 N. FRANKLIN ST.</i>	
CITY-ST-ZIP	<i>TAMPA, FL 33602</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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:

Randy Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 813-276-3339

Date Daytime Phone #

CR2E037 19/99