

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2001 90326 017 \*\*\*\*70.00

**DOCUMENT # N98000007337**

1. Entity Name

**FAST FORWARD TRAK CLUB, INC.**

Principal Place of Business

P.O. BOX 10305  
 ST. PETERSBURG FL 33733-0305

Mailing Address

P.O. BOX 10305  
 ST. PETERSBURG FL 33733-0305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3550490**

Applied For

Not Applicable

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

**OCHOA, MARIA**  
**4584 10TH AVENUE NORTH**  
**ST PETERSBURG FL 33713**

Name

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

**5425 Lynn Lake Dr South**

City

**St Petersburg**

FL

Zip Code

**33712**

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

*Maria Ochoa*

**MARIA OCHOA**

**2/28/2001**

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. ☐

**\$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 **PD** ☐ Delete  
 NAME **HOGANS, LORENZO S**  
 STREET ADDRESS **2600 CASILLA WAY SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

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

TITLE **VD** ☐ Delete  
 NAME **COVINGTON, GISELA**  
 STREET ADDRESS **2675 22ND AVE SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

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

TITLE **VD** ☐ Delete  
 NAME **PARKER, ARELIA**  
 STREET ADDRESS **6880 16TH WAY SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

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

TITLE **TD** ☐ Delete  
 NAME **WANSLEY, MICHAEL**  
 STREET ADDRESS **5471 17TH WAY SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

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

TITLE **ATD** ☐ Delete  
 NAME **WILLIAMS, GLENDA**  
 STREET ADDRESS **1701 66TH AVENUE SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

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

TITLE **SD** ☐ Delete  
 NAME **OCHDA, MARIA**  
 STREET ADDRESS **5480-B LYNN L. DRIVE S.**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Ochoa, Maria**  
 STREET ADDRESS **5425 Lynn Lake Drive South**  
 CITY-ST-ZIP **St Pete., FL 33712**

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:

*Maria Ochoa* **MARIA OCHOA**

**2/28/2001**

**727/8246649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)