

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007337

1. Entity Name

FAST FORWARD TRAK CLUB, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90185 008 ****61.25

Principal Place of Business Mailing Address
P.O. BOX 10305 P.O. BOX 10305
ST. PETERSBURG FL 33733-0305 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



DO NOT WRITE IN THIS SPACE

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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
OCHOA, MARIA
5425 LYNN LAKE DR SOUTH
SAINT PETERSBURG FL 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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOGANS, LORENZO S 2600 CASILLA WAY SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COVINGTON, GISELA 2675 22ND AVE SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKER, ARELIA 6880 16TH WAY SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WANSLEY, MICHAEL 5471 17TH WAY SOUTH SAINT PETERSBURG FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Kidd Jr 6780 28 Street South St Pete FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD WILLIAMS, GLENDA 1701 66TH AVENUE SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OCHOA, MARIA 5425 LYNN LAKE DRIVE SOUTH SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARIA OCHOA MARIA OCHOA 1/23/02 727/8246649

CR2E037 (9/01)