

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007337

1. Entity Name

FAST FORWARD TRAK CLUB, INC.



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91833 011 ****61.25

0046780

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

4. FEI Number **59-3550490**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OCHOA, MARIA
5425 LYNN LAKE DR SOUTH
SAINT PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

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

2698 Granada Circle East

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOGANS, LORENZO S	
STREET ADDRESS	2600 CASILLA WAY SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	COVINGTON, GISELA	
STREET ADDRESS	2675 22ND AVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, ARELIA	
STREET ADDRESS	6880 18TH WAY SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIDD JR, ROBERT	
STREET ADDRESS	6780 28 STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, GLENDA	
STREET ADDRESS	1701 66TH AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OCHOA, MARIA	
STREET ADDRESS	5425 LYNN LAKE DRIVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President-Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer-Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2698 Granada Circle East	
CITY-ST-ZIP	Saint Petersburg 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 4-25-03 (727)5684802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)