

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004490

1. Entity Name
YUNICK RACING INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90085 009 ***150.00

Principal Place of Business
1219 BENDER AVE.
HOLLY HILL FL 32117

Mailing Address
1219 BENDER AVE.
HOLLY HILL FL 32117

939742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
433 WALKER Street
Suite, Apt. #, etc.
Suite 2A

3. Mailing Address
433 WALKER Street
Suite, Apt. #, etc.
Suite 2A

City & State
Holly Hill, FL.
Zip
32117
Country
USA

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Holly Hill, FL.
Zip
32117
Country
USA

4. FEL Number
59-3615357

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

YUNICK, SMOKEY A
1788 ROBERTA ROAD
ORMOND BY THE SEA FL 32175

Name
DANIEL S. Friebis
Street Address (P.O. Box Number is Not Acceptable)
3890 Turtle Creek
Suite B-1
City
Port Orange, FL
Zip Code
32127

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

DANIEL S. Friebis

3/30/2001
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. DIRECTOR OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM CASEY YUNICK
1188 ALABAMA AVENUE
HOLLY HILL, FL 32117 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Casey Yunick 4-201 386-255-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)