

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90537 022 ***150.00

DOCUMENT # P00000010186

1. Entity Name
REEVES RACING, INC.



Principal Place of Business
37625 SR 54 WEST
ZEPHYRHILLS FL 33541-5423

Mailing Address
37625 SR 54 WEST
ZEPHYRHILLS FL 33541-5423

2. Principal Place of Business
5044 9th Street
Suite, Apt. #, etc.

3. Mailing Address
5044 9th Street
Suite, Apt. #, etc.

City & State
Zephyrhills, FL
Zip **33542** **Country** **Pasco**

City & State
Zephyrhills, FL
Zip **33542** **Country** **Pasco**

4. FEI Number **59-3622609**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

REEVES, VICTORIA L
36310 SANTEELAH DRIVE
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name **Mitchell A. Reeves**
Street Address (P.O. Box Number is Not Acceptable) **5044 9th St**
City **Zephyrhills** **FL** **Zip Code** **33542**

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 *Mitchell A. Reeves* **Director**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, VICTORIA L	
STREET ADDRESS	36310 SANTEELAH DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, ROBERT M	
STREET ADDRESS	36310 SANTEELAH DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS	5044 9th St	
CITY-ST-ZIP	Zephyrhills, FL 33542	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell A. Reeves	
STREET ADDRESS	5044 9th St	
CITY-ST-ZIP	Zephyrhills, FL 33542	
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 607, 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: *Victoria L. Reeves* **Victoria L. Reeves** **4/21/03** **813-779-3201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)