

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90084 043 ***150.00

DOCUMENT # P00000017093

1. Entity Name

GRAND PRIX OF FT. PIERCE, INC.

Principal Place of Business

11295 175TH RD. NORTH
 JUPITER FL 33478

Mailing Address

11295 175TH RD. NORTH
 JUPITER FL 33478

2. Principal Place of Business

2551 Peters Rd.

3. Mailing Address

Suite, Apt. #, etc. *Same*

City & State

ft. Pierce FL

City & State

Zip

34945

Country

St. Lucie

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

(01-0601139)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HENDRICKS, JOHN D
 11295 175TH RD. NORTH
 JUPITER FL 33478

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

John D. Hendricks

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back)

☐

FREE NOW!!! FEE IS \$150.00

After May 1, 2002 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

*TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
HENDRICKS, JOHN D
 11295 175TH RD. NORTH
 JUPITER FL 33478

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Secretary, Treasurer
 Kristine M. Hendricks
 11295 175th Rd. N.
 Jupiter FL 33478

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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 law empowered.

SIGNATURE:

John D. Hendricks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 (561)
 308-7566
 Date Daytime Phone #

CR2E034 (9/01)