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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000017366 BILLY BALLEW MOTOR SPORTS, INC. 04-30-2001 90373 025 ***150.00 Principal Place of Business Mailing Address 398 MOUNTAIN TOP CIR. 398 MOUNTAIN TOP CIR. BLUE RIDGE GA 30513 BLUE RIDGE GA 30513 2. Principal Place of Business 3. Mailing Address 2280 OAK LANE 802-A PERFORMANCE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State BLAIR SVILLE, Zip - 10 C12 Country Applied For MOORESVILLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPBELL, JAMES ESQ. Street Address (P.O. Box Number is Not Acceptable) 111 N. ORANGE AVE., STE. 700 ORLANDO FL 32801 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. BALLEW, PILLY Change ☐ Addition CR2E034 (10/00) TITLE TITLE Delete BALLEW, BILLY NAME NAME 2280 OAK LANE STREET ADDRESS STREET ADDRESS 398 MOUNTAIN TOP CIR. BLAINSVILLE, GA 30512 CITY-ST-7IP CITY-ST-ZIP **BLUE RIDGE GA 30513** TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ---🚅 👆 🖸 Change - 🛶 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 graphs are