

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034227

1. Entity Name
VIRGIN RACING, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90041 021 ***150.00

Principal Place of Business
2900 E. OAKLAND PARK BLVD., 3RD FLOOR
FT. LAUDERDALE FL 33306

Mailing Address
2900 E. OAKLAND PARK BLVD., 3RD FLOOR
FT. LAUDERDALE FL 33306

2. Principal Place of Business
2311 S.W. 31 St.

3. Mailing Address
2311 S.W. 31 St.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. LAUDERDALE, FL

Zip
33312

Country
USA

4. FEI Number
52-2239797

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

MOORE, SEAN L
2900 E. OAKLAND PARK BLVD., 3RD FLOOR
FT. LAUDERDALE FL 33306

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SEAN L		NAME	Todd Klindworth	St. Croix, Virgin
STREET ADDRESS	2900 E. OAKLAND PARK BLVD., 3RD FLOOR		STREET ADDRESS	c/o T K Properties	Islands 00824
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		CITY-ST-ZIP	5020 Anchor Way, 2nd Floor	
TITLE		<input type="checkbox"/> Delete	TITLE	S, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Robin Martin	Ft. Laud.,
STREET ADDRESS			STREET ADDRESS	c/o Martin Offshore	FL33312
CITY-ST-ZIP			CITY-ST-ZIP	2311 S. W. 31st	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (954) 587-1220
Date Daytime Phone #

CR2E034 (10/00)