

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90118 004 ***150.00

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1. Entity Name
TOM PIASCIK RACING, INC.



Principal Place of Business
**3635 LIBERTY SQUARE
FORT MYERS FL 33908**

Mailing Address
**3635 LIBERTY SQUARE
FORT MYERS FL 33908**

**PIAS635* 339081033 1C02 11 01/04/03
NOTIFY SENDER OF NEW ADDRESS
:TOM PIASCIK RACING
200 E MAIN ST
GENEVA FL 32732-8903**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1000881**

Applied For
Not Applicable

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

City Country Zip
32732 SEMINOLE 32732 SEMINOLE

6. Name and Address of Current Registered Agent

OLD
PIASCIK, THOMAS D
3635 LIBERTY SQUARE
FORT MYERS FL 33908

NEW
TOM PIASCIK RACING INC.
FLORIDA LEGENDS CARS
200 EAST MAIN ST.
GENEVA, FL. 32732-8903
407-349-3495 FAX 407-349-3496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. **TOM PIASCIK RACING INC.**
FLORIDA LEGENDS CARS
200 EAST MAIN ST.
GENEVA, FL. 32732-8903
407-349-3495 FAX 407-349-3496

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

JAN. 14 2003

CR2E034 (10/02)