

FILED  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90133 049 \*\*\*150.00

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

DOCUMENT # P00000060594

1. Entity Name  
FLORIDA KARTING ASSOCIATION, INC.



Principal Place of Business  
3994 NW 36TH LOOP  
JENNINGS FL 32053

Mailing Address  
3994 NW 36TH LOOP  
JENNINGS FL 32053

70020952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number 59-3660754

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMS, JIMMY L  
3994 NW 36TH LOOP  
JENNINGS FL 32053

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	SIMS, JIMMY L	3994 NW 36TH LOOP	JENNINGS FL 32053	<input type="checkbox"/>
VP	WELLS, GENE	5810 DELEON AVE	FORT PIERCE FL 34982	<input checked="" type="checkbox"/>
S	BEDENBAUGH, PAMELA	4208 85TH PLACE	LIVE OAK FL 32060	<input type="checkbox"/>
T	SIMS, JUDITH A	3994 NW 36TH LOOP	JENNINGS FL 32053	<input type="checkbox"/>
D	HICKEN, DAVID	3205 LEM TURNER RD	CALLAHAN FL 32011	<input type="checkbox"/>
D	BURRIS, WAYNE	2356 DATE PALM DR	EDGEWATER FL 32141	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Elder, Mike	402136th Court E	Bradenton, FL 34212	<input checked="" type="checkbox"/>
D	Newton, T.J.	136 Bird Rd.	Jacksonville, FL 32218	<input checked="" type="checkbox"/>
D	Bull, Brian	6805 N. Sacrum Loop Rd.	Lakeland, FL 33809	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03

386-938-4211

CR2E034 (10/02)