FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (LIRP)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # POOD 108417 1. Entity Name Reisman Racing, Inc.					05-02-200	02 90104 018 ***150.00
	DO NO	OT WRITE	IN THIS S	PAGE		
Principal Place of Business 9400 Gladiolous Drive			3. Mailing Address			
Suite, Apt. #, etc. Suite 250			Suite, Apt. #. etc. Suite 250		DO NOT WRITE IN THIS SPACE	
City & State Ft. Myers, FL			City & State Ft. Myers, FL		4. FEI Number 651060923	Applied For Not Applicable
Zfp 339	08	Country USA	Zip 33908	Country USA	5. Certificate of Status Desired	\$8.75 Additional
		D.NOT W		4 5 20	7. Name and Address of Current en J. Mitchell P.O. Box Number is Not Acceptable	Registered Agent
	IN	THIS SP	ACE	201 N. Fran	klin Street, Suite 2100	Zin Codo en co
8. The above	named entity s	Omiya vyisyStaykment (r the purpose of changing its	AND THE	red agent, or both, in the State of Flo	FL Zip Code 33602
SIGNATURE	eignatura, typed or r	winted name of registered agent a	Stephen J. 1		4/	15/02
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back) January 1, May 1, Fee is \$150,00 After May 1, Fee is \$550,00 After May 1, Fee is \$550,00 Trust Fund Contribution. Trust Fund Contribution. \$5.00 May Be Added to Fees						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Director/Pre John Reisma 9400 Gladio Ft. Myers, F	in lous Drive, Suite 250	<u> </u>	TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP	DO NOT IN THIS S	2. 38243.3 2.2 4.6 2.3
of the corp attachmen	oration or the r It with an addres	ormation expolled with to supplemental report is t eceiver or trustee empo ss, with all other like emp	wered to execute this report	the exemption stated in Sec y signature shall have the sa as required by Chapter 60	tion 119.07(3)(i), Florida Statutes. If ame logal effect as if made under oa 7, Florida Statutes; and that my nam	urther certify that the information th; that I am an officer or director e appears in Block 11 or on an
SIGNATURE: John Reisman, President SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Divisions Phone 4						

Date

Daytime Phone ≠

FOR PROFIT CORPORATION Uniform Business Report (UBR) Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

Reminder:

- 1. Information must be typed or printed in ink and legible.
- 2. Signature in Block 13.
- 3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in setting a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.
- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6. DO NOT MAKE ANY MARKS IN BLOCK 6.
- Block 7. The law requires that each entity have a Registered Agent with a Florida street address. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity, NOTE: Registered agent signature required when reinstating on this form.
- Block 9. By checking the box, you indicate that the corporation: 1) Does not owe Intangible Personal Property Tax on its year 2002 tax return; 2) The corporation is not paying as agent for its stockholders and has notified shareholders of the market value of the stock; or 3) The corporation has no Florida shareholders. If the corporation checks box 9, an Intangible Personal Property Tax Return is not required to be filed with the Department of Revenue. Please direct all questions regarding the tax to the Department of Revenue at (800) 352-3671 (Florida only). Out-of-state callers must call (850) 922-4826 or (850) 922-7200.
- Block 10. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 10 and include an additional \$5.00 with the filling fee.
- Block 11. Enter the current Officers/Directors in Block 11. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 11 or on an attachment is an affirmation under oath that no other address is available.
- Block 12. PLEASE DO NOT MAKE ANY MARKS IN BLOCK 12.
- Block 13. This report must be signed in Block 13 with an original signature by an officer/director of the entity that is fisted in Block 11 or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 13 is unacceptable.

Mail to:

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Other Correspondence Address: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Internet Address: http://www.sunbiz.org

Courier Address: (overnight delivery) Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Phone: (850) 488-9000 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK