

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90030 047 \*\*\*150.00

0498351 AV

**DOCUMENT # P00000114861**

1. Entity Name

OHLIS MOTORSPORTS, INC.

*1/16/02 TM*  
*N/C CHANGED NAME TO "OI"*

Principal Place of Business

1120 ST CLAIR SHORE ROAD  
 NAPLES FL 34104

Mailing Address

1120 ST CLAIR SHORE ROAD  
 NAPLES FL 34104

*SHORES*



2. Principal Place of Business

1120 ST. CLAIR SHORES ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3686628

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

-Zip

Country

Zip

Country

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

LAMB, JEFFREY R

9915 TAMiami TRAIL NORTH, SUITE 2

NAPLES FL 34108

Name

LAMB, JEFFREY, R

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

868 106TH AVE. N.

City

NAPLES

FL

Zip Code

34108

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

*Jeffrey R. Lamb*  
 Signature typed or printed name of registered agent and title if applicable.

JEFFREY R. LAMB

(NOTE: Registered Agent signature required when reinstating)

01/15/02

DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D OHLIS, BRIAN 1120 ST CLAIR SHORE ROAD NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Brian OHLIS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/02

Date

941-498-2627

Daytime Phone #

CR2E034 (9/01)

**THOMAS WANDERON & ASSOCIATES**  
♦ TAX ACCOUNTING, INC. ♦

Wednesday, January 16, 2002

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

*Attachments*

*8/30/59*

Re: Ohlis Motorsports, Inc.  
1120 St. Clair ~~Shores Road~~  
Naples, FL 34104  
Document # P00000114861 EIN # 59-3686628

Subject: Name Change Made to Corporation

Please be advised that this corporation's name has just recently been changed to:

Ohlis Enterprises, Inc.

The necessary documentation and payment of the name change was sent in a few days ago. Please ensure that the name change is made.

Thank you for your assistance in this matter.

Very truly yours,



Jeffrey R. Lamb  
Thomas Wanderon & Associates