

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 032 ***150.00

DOCUMENT # P01000002284

1. Entity Name

Motocore Racing, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14521A Beach Blvd

Suite, Apt. #, etc.

A

City & State

Jacksonville, FL

Zip

32250

Country

3. Mailing Address

14521A Beach Blvd

Suite, Apt. #, etc.

A

City & State

Jacksonville, FL

Zip

32250

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4417102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James Westover

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

1620 Westwind Dr

City

Jacksonville Bch

FL

Zip Code

32250

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

James Westover

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02

DATE

9. This corporation is eligible to satisfy its Intangible
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

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President (PIV/T/S)
James Westover
1620 Westwind Dr
Jacksonville, FL 32250

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Westover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 904.234-3655

Date

Daytime Phone #

CR2E034B (12/01)