

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90070 033 ***150.00

NOTED
 AV

DOCUMENT # P01000014397

1. Entity Name
REDNECK MOTORSPORTS INC.

Principal Place of Business
600 LUNDY ROAD LOT #7
AUBURNDALE FL 33823

Mailing Address
600 LUNDY ROAD LOT #7
AUBURNDALE FL 33823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1085 HIGHWAY 92 WEST
 Suite, Apt. #, etc.

3. Mailing Address
1085 HIGHWAY 92 WEST
 Suite, Apt. #, etc.

City & State
AUBURNDALE FLORIDA
Zip **33823** **Country** **POLK**

4. FEI Number
59-3706842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAJNER, JOSEPH R
600 LUNDY ROAD LOT #7
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1085 HIGHWAY 92 WEST
City **AUBURNDALE** **FL** **Zip Code** **33823**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ **Delete**
NAME **BAJNER, JOSEPH R**
STREET ADDRESS **600 LUNDY ROAD LOT #7**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ **Delete**
NAME **SOUTHERN, ROBERT W**
STREET ADDRESS **2832 W PAXTON AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph R. Bajer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH R. BAJNER **4-29-02** **1-407-709-7135**
 Date Daytime Phone #

CR2E034 (9/01)