## 2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## **FILED** May 06, 2002 8:00 am Secretary of State P01000032370 **DOCUMENT #** 1. Entity Name PROFORMANCE MOTORSPORTS, INCORPORATED 05-06-2002 90024 040 \*\*\*150.00 Principal Place of Business Mailing Address 9851 WILES ROAD #162 88SI WILES ROAD #102 CORAL SPRINGS FL 33076 CORAL SPRINGS FL-93076 3. Mailing Address 2. Principal Place of Business 5722 S. Flammao Rd Saure Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 364 Applied For 4. FEI Number City & State City & State 65 108 7150 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOBACK, DENNIS M C/O 8851 WILES RD. #102 **CORAL SPRINGS FL 33076** 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 nature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition TITLE TITLE ☐ Delete toback, stuart G NAME NAME 8851 WILES ROAD, #102 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-7IP C!TY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME toback, Dennis M NAME 5722 S. Flammao Rd 4364 8851-WILES ROAD #102 STREET ADDRESS STREET ADDRESS GORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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