

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90061 042 ***150.00

DOCUMENT # P01000040706

1. Entity Name

PERRINO MOTOR SPORTS, INC.

Principal Place of Business

**5816 SCHOONER WAY
TAMPA FL 33615**

Mailing Address

**5816 SCHOONER WAY
TAMPA FL 33615**

2. Principal Place of Business

**4405 N. LOIS AVE
TAMPA FL**

3. Mailing Address

**4405 N. LOIS AVE
TAMPA FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3716406

Applied For

☐ Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRINO, ROBIN

**5816 SCHOONER WAY
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

MICHAEL P. PERRINO

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

4405 N. LOIS AVE

City

TAMPA

FL

Zip Code

33614

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]

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/24/02

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

TITLE **PRESIDENT** NAME **ROBIN PERRINO** ☒ Delete
STREET ADDRESS **5816 SCHOONER WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VICE PRESIDENT** NAME **MIKE F. PERRINO SR** ☒ Delete
STREET ADDRESS **5816 SCHOONER WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **MANAGER** NAME **MICHAEL P. PERRINO JR** ☒ Delete
STREET ADDRESS **MANAGER**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** NAME **MICHAEL P. PERRINO JR** ☐ Change ☒ Addition
STREET ADDRESS **4405 N. LOIS AVE**
CITY-ST-ZIP **TAMPA FL 33615**

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

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02

Date

Daytime Phone #

813-998-9134

CR2E034 (9/01)

0430228 AV