

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90158 037 ***550.00

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DOCUMENT # P01000044109

1. Entity Name
MOTORSPORT GALLERY, INC.



Principal Place of Business
**684 YORKSHIRE DRIVE
OVIEDO FL 32765**

Mailing Address
**684 YORKSHIRE DRIVE
OVIEDO FL 32765**



2. Principal Place of Business
510 Douglas Ave.

3. Mailing Address
510 Douglas Ave.

Suite, Apt. #, etc.
Suite 1045

Suite, Apt. #, etc.
Suite 1045

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32714

Country
USA

Zip
32714

Country
USA

4. FEI Number
59-3716096

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSH, SUNIA Y ESQ
684 YORKSHIRE DRIVE
OVIEDO FL 32765**

**510 Douglas Ave.
Suite 1045
Altamonte Springs, FL 32714**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sy Marsh*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MARSH, ANTHONY R**
STREET ADDRESS **684 YORKSHIRE DRIVE**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE **D** ☐ Delete
NAME **MARSH, SUNIA Y**
STREET ADDRESS **684 YORKSHIRE DRIVE**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE **D** ☐ Delete
NAME **MARSH, JOEY A**
STREET ADDRESS **2389 KOEBEL RD**
CITY-ST-ZIP **COLUMBUS OH 43207**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony R. Marsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/03

Date

Daytime Phone #

CR2E034 (10/02)