

5/28.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91509 026 ***150.00

DOCUMENT # P01000057853

1. Entity Name

JOHN BROWN RACING, INC.

Principal Place of Business

6626 GREG WAY
LAKE WORTH FL 33467

Mailing Address

6626 GREG WAY
LAKE WORTH FL 33467

2. Principal Place of Business

12550 MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 4

City & State

DELRAY BCH., FL.

Zip

33426

Country

U.S.

3. Mailing Address

6626 GREG WAY

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33467

Country

U.S.

4. FEI Number

65-1114320

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, JOHN**6626 GREG WAY****LAKE WORTH FL 33467**

Name

JOHN BROWN

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

6626 GREG WAY

City

LAKE WORTH

FL

Zip Code

33467

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 re-registering)

DATE

1/17/029. 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	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN	
STREET ADDRESS	6626 GREG WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

561-965-4770

Daytime Phone #

CR2E034 (9/01)

5/6/02 Attachment 36305 PO10000057853

attached was posted 4/25/02

I forgot to put stamp

on envelope - The Post
office returned same
to me today 5/6/02 -

I am Expressing to you
today 5/6/02.

Thank you.