

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90014 010 ***158.75

DOCUMENT # P01000064613

1. Entity Name

RACER'S EDGE OF TAMPA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

306 N. Glen Ave.

Suite, Apt. #, etc.

3. Mailing Address

306 N. Glen Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3729657

Applied For

☐ Not Applicable

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Roberto M. Aguinaga

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

306 N. Glen Ave

City

Tampa

FL

Zip Code

33609

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

Roberto Aguinaga

1/3/02

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

☒ (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P, VP
NAME Roberto M. Aguinaga
STREET ADDRESS 306 N. Glen Ave
CITY- ST- ZIP TAMPA FL 33609

TITLE S, T
NAME LISA M. FIGUEROA
STREET ADDRESS 306 N. Glen Ave
CITY- ST- ZIP TAMPA FL 33609

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberto M. Aguinaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)