

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90002 005 ***150.00

DOCUMENT # P01000077801

1. Entity Name

Choquette Motorsports, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1128 Royal Palm Beach Blvd

3. Mailing Address

1128 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

382

Suite, Apt. #, etc.

382

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach FL

Zip

33411

Country

US

Zip

33411

Country

US

4. FEI Number

65-1138497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

John Choquette

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

1128 Royal Palm Beach Blvd.

382

City

Royal Palm Beach

FL

Zip Code

33411

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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John Choquette
1128 Royal Palm Beach Blvd. # 382
Royal Palm Beach, FL 33411

TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date:

Daytime Phone #

CR2E034B (12/01)