

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90168 001 *****8.75
05-05-2002 90168 002 ***150.00

DOCUMENT # **P01000083614**
1. Entity Name
KHB Racing Products Inc.

DO NOT WRITE IN THIS SPACE

80206

2. Principal Place of Business
640 EL VEDADO AVE.
Suite, Apt. #, etc. **N/A**
City & State **ORLANDO FL**
Zip **32807** Country **USA**

3. Mailing Address
640 EL VEDADO AVE.
Suite, Apt. #, etc. **N/A**
City & State **ORLANDO FL**
Zip **32807** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3747585

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Kimberlee Muchlbauer**
Street Address (P.O. Box Number is Not Acceptable)
640 EL VEDADO AVE
City **ORLANDO** FL Zip Code **32807**

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 **Kimberlee Muchlbauer** DATE **4/10/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President (P) Kimberlee Muchlbauer 640 EL VEDADO AVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (V) Brian Muchlbauer 640 EL VEDADO AVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mktg./SALES (D) Darren Sutphen 606 Hattaway DR. Altamonte Springs, FL 32701
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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: **Kimberlee Muchlbauer** DATE **4/14/02** Daytime Phone # **(321) 235-8811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)