

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90411 030 ***150.00

01829005 AV

DOCUMENT # P01000086613

1. Entity Name
SCORPION RACING, INC.



Principal Place of Business
1815 SW 6TH AVE.
POMPANO BCH FL 33060

Mailing Address
1815 SW 6TH AVE.
POMPANO BCH FL 33060



2. Principal Place of Business

3000 SW 4th Ave
Suite, Apt. #, etc.

3. Mailing Address

3000 SW 4th Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

Zip
33315

Country

City & State
Ft. Lauderdale, FL

Zip
33315

Country

4. FEI Number 65-1135858

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOPANIO, TERESA
1815 SW 6TH AVE.
POMPANO BCH FL 33060

7. Name and Address of New Registered Agent

Name
Karen Rodgers
Street Address (P.O. Box Number is Not Acceptable)
201 Woodland Rd

City Lake Worth FL Zip Code 33461

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

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	D	<input type="checkbox"/> Delete
NAME	STOPANIO, TERESA	
STREET ADDRESS	1815 SW 6TH AVE	
CITY-ST-ZIP	POMPANO BCH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOPANIO, ROBERT	
STREET ADDRESS	1815 SW 6TH AVE	
CITY-ST-ZIP	POMPANO BCH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3000 SW 4th Ave
CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3000 SW 4th Ave
CITY-ST-ZIP	Ft. Lauderdale, FL 33315
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)