

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 036 ***158.75

DOCUMENT # P01000110417

1. Entity Name
PREMIER MOTORSPORTS, INC.



Principal Place of Business
**9293 BAY PINES BLVD
ST PETERSBURG FL 33708**

Mailing Address
~~9293 BAY PINES BLVD~~
~~ST PETERSBURG FL 33708~~



2. Principal Place of Business

3. Mailing Address
6446 Central Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg FL

4. FEI Number **01-0588346**

Applied For
Not Applicable

Zip

Country

Zip **33707** Country **FLORIDA**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABBONI, MICHAEL J

~~111 2ND AVE NE, SUITE 620~~ **6446 Central Ave**
~~ST PETERSBURG FL 33701~~ **St. Petersburg FL 33707**

Name

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

6446 Central Ave

City

St. Petersburg

FL

Zip Code

33707

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]*
Signature, typed or printed name of registered agent and date if applicable.

MICHAEL J. BABBONI - registered agent - corner -

4-30-03

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	MARINI, MICHAEL D	
STREET ADDRESS	8071 12TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	BABBONI, MICHAEL J	
STREET ADDRESS	111 2ND AVE NE, SUITE 620	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] **MICHAEL J. BABBONI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03
Date

727-381-9200
Daytime Phone #

CR2E034 (10/02)