


2004

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90485 001 \*\*\*300.00

**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000005108</b>					
1. Entity Name <b>I. S. MOTORSPORTS, INC.</b>					
Principal Place of Business <b>14043 SW 142ND STREET MIAMI FL 33186</b>			Mailing Address <b>14043 SW 142ND STREET MIAMI FL 33186</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>03-0381732</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCCLURE, KEITH R 16503 SW 103 TERRACE MIAMI FL 33196</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCCLURE, RITA E 14043 SW 142ND STREET MIAMI FL 33186</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MCCLURE, IAN P 14043 SW 142ND STREET MIAMI FL 33186</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>X</b> <b>SIGNATURE REQUIRED</b> <i>Rita Mcclure</i> <b>4/30/04</b> <b>305-253-9898</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66417726

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)



## 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P02000005108
Business Entity Name	I. S. MOTORSPORTS, INC.
Original File Date	01/15/2002

FEI Number 03-0381932  
Principal Address 14043 SW 142ND STREET  
MIAMI, FL 33186  
Mailing Address 14043 SW 142ND STREET  
MIAMI, FL 33186  
Registered Agent KEITH R MCCLURE  
16503 SW 103 TERRACE  
MIAMI, FL 33196

### Officer/Director Name And Address

P  
RITA E MCCLURE  
14043 SW 142ND STREET  
MIAMI, FL 33186

ST  
IAN P MCCLURE  
14043 SW 142ND STREET  
MIAMI, FL 33186

If all of the above information is correct and  
you do not wish to make any changes, please  
select:

No Changes

If you need to make changes to the  
above information, please select:

Make Changes

**Sunbiz Home Page**

**Public Access Help**