


FILED
May 05, 2003 8:00 am
Secretary of State

04-04-2003 90064 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000020184			
1. Entity Name HIGH SPEED - LOW DRAG, INC.			
Principal Place of Business 5823 BANTAM AVE NEW PORT RICHEY FL 34652 Richey		Mailing Address 5823 BANTAM AVE NEW PORT RICHEY FL 34652 Richey	
2. Principal Place of Business		3. Mailing Address 5823 Bantam Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New Port Richey, FL	
Zip		Zip 34652	
Country		Country FLA	
4. FEI Number 02-0590471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired... <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTS, LIZBETH 4209 E BUSCH BLVD TAMPA FL 33617		7. Name and Address of New Registered Agent Lizbeth Potts, Esq. 4815 East Busch Blvd. Suite 208 A Tampa FL 33617	
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] Esquire Lizbeth Potts, 4/1/2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering.)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP More S. Davidoff Director 5823 Bantam Ave. New Port Richey, FL 34652		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	
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)(f), 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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/1/2003 727-808-7618 <small>Date Daytime Phone #</small>	

CR2E034 (10/02)