

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/24

FILED
Aug 07, 2003 8:00 am
Secretary of State

07-24-2003 90110 023 ***150.00

DOCUMENT # P02000020380

1. Entity Name
RED TRAIL RACING INC.



Principal Place of Business
**6735 LEMON TREE DR
LAKELAND FL 33813**

Mailing Address
**6735 LEMON TREE DR
LAKELAND FL 33813**

55053598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

45-0468064

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKMAN, KENT
6735 LEMON TREE DR
LAKELAND FL 33813**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 *Kent A. Hickman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/15/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	DP	☐ Delete
NAME	HICKMAN, KENT	
STREET ADDRESS	6735 LEMON TREE DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DV	☐ Delete
NAME	HICKMAN, TARA	
STREET ADDRESS	6735 LEMON TREE DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Kent A. Hickman* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55053598

To whom it may concern

#70200020380

I never received the 1st notice
for my annual report form. I
know that I would not have
thrown the document away. This
is the 1st year for the report
and it may not have made it.
Please let me know what else
I can do. I have already
paid the 150.00 filing fee.

Thanks

Kent Hickman

Red Trail Racing