

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90073 043 ***150.00

DOCUMENT # P02000036585

1. Entity Name
WOOD MOTORSPORTS, INC.



Principal Place of Business
**2011 PALO DURO BLVD
NORTH FORT MYERS FL 33917**

Mailing Address
**2011 PALO DURO BLVD
NORTH FORT MYERS FL 33917**



2. Principal Place of Business
**4375 Progress Ave.,
Suite, Apt. #, etc.
Bay 404**

3. Mailing Address
**4375 Progress Ave
Suite, Apt. #, etc.
Bay 404**

☒ CHECK HERE IF MAKING CHANGES

City & State
Naples FL
Zip
34104

City & State
Naples FL
Zip
34104

4. FEI Number
02-0577739
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPEACH, THOMAS N
2011 PALO DURO BLVD
NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name
SPEACH, Thomas N
Street Address (P.O. Box Number is Not Acceptable)
**4375 Progress Ave
Bay 404**
City
Naples FL Zip Code
34104

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

Tom Speech

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/03

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

TITLE
D ☐ Delete
NAME
SPEACH, THOMAS N
STREET ADDRESS
2011 PALO DURO BLVD
CITY-ST-ZIP
NORTH FORT MYERS FL 33917

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
SPEACH, Thomas N ☒ Change ☐ Addition
NAME
4375 Progress Ave, Bay 404
STREET ADDRESS
NAPLES, FL 34104
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME
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STREET ADDRESS
☐ Change ☐ Addition
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:

Tom Speech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

236 6590006

Daytime Phone #

CR2E034 (10/02)