

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90111 031 ***150.00

04/18/03 8:00 AM

DOCUMENT # P02000119446

1. Entity Name
REDLEIF MOTOR SPORTS, INC.



Principal Place of Business
**5101 NORTHPOLE RD
PLANT CITY FL 33565**

Mailing Address
**5101 NORTHPOLE RD
PLANT CITY FL 33565**



2. Principal Place of Business
5101 North Pole Rd
Suite, Apt. #, etc.

3. Mailing Address
5101 North Pole Rd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Plant City, FL

City & State
Plant City, FL 33565

4. FEI Number
55-0814019

Applied For,
Not Applicable

Zip
33565

Country
US

Zip
33565

Country
US

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

6. Name and Address of Current Registered Agent

**WOODWARD, ANTHONY G ESQUIRE
2024 W. CLEVELAND STREET
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name
Kenneth M. Fielder
Street Address (P.O. Box Number is Not Acceptable)

5101 North Pole Rd
City **Plant City** FL Zip Code **33565**

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 **Kenneth M. Fielder**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03
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

TITLE **P** ☐ Delete
NAME **FIELDER, KENNETH M**
STREET ADDRESS **5101 NORTHPOLE RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **VP** ☐ Delete
NAME **FIELDER, CAROL D**
STREET ADDRESS **5101 NORTHPOLE RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **S,T** ☐ Delete
NAME **FIELDER, NICOLE S**
STREET ADDRESS **5101 NORTHPOLE RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **D** ☐ Delete
NAME **FIELDER, NICOLE S**
STREET ADDRESS **5101 NORTHPOLE RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **D** ☐ Delete
NAME **FIELDER, KENNETH M**
STREET ADDRESS **5101 NORTHPOLE RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **D** ☐ Delete
NAME **FIELDER, CAROL D**
STREET ADDRESS **5101 NORTHPOLE RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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: **Kenneth M. Fielder**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

Daytime Phone #

CR2E034 (10/02)