

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

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

04-18-2003 90139 026 \*\*\*150.00

0483709 AV

**DOCUMENT # P02000120291**

1. Entity Name  
**RPM MOTOR SPORTS OF PINELLAS COUNTY, INC.**



Principal Place of Business  
**2794 42ND AVE. N.  
ST. PETERSBURG FL 33714**

Mailing Address  
**2794 42ND AVE. N.  
ST. PETERSBURG FL 33714**

2. Principal Place of Business

**2794-42ND AVE N**

Suite, Apt. #, etc.

3. Mailing Address

**2794-42ND AVE N.**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**ST. PETERSBURG, FL.**

City & State

**ST. PETERSBURG, FL.**

4. FEI Number

**57 113 8800**

Applied For

Not Applicable

Zip

**33714**

Country

**PINELLAS**

Zip

**33714**

Country

**PINELLAS**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, ROY L**

**2794 42ND AVE. N.**

**ST. PETERSBURG FL 33714**

7. Name and Address of New Registered Agent

Name

**N/A**

Street Address (P.O. Box Number is Not Acceptable)

**N/A**

City

**N/A**

FL

Zip Code

**N/A**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **PRESIDENT, SEC. & TREASURER** ☐ Delete

NAME **VIVIAN A. NELSON**

STREET ADDRESS **2794-42ND AVE. N.**

CITY-ST-ZIP **ST. PETERSBURG, FL. 33714**

TITLE **1ST. VICE PRESIDENT** ☐ Delete

NAME **ROY L. NELSON**

STREET ADDRESS **2794-42ND AVE. N.**

CITY-ST-ZIP **ST. PETERSBURG, FL. 33714**

TITLE **2ND VICE PRESIDENT** ☐ Delete

NAME **PATRICK CUNNINGHAM**

STREET ADDRESS **3901-58TH AVE. N.**

CITY-ST-ZIP **ST. PETERSBURG, FL. 33714**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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NAME

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-03**

Date

**727-521-3643**

Daytime Phone #

CR2E034 (10/02)