

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 03, 2000 8:00 am**
Secretary of State

03-03-2000 90016 029 ***150.00

DOCUMENT # P93000007511

1. Entity Name

PERFECTION RACING, INC.

Principal Place of Business

Mailing Address

**6500 S. GATOR CREEK BLVD
SARASOTA FL 34241****6500 S. GATOR CREEK BLVD
SARASOTA FL 34241-9719
US**

010872



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0386936**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARR, ESQ., ROBERT J
KIRK PINKERTON, P.A.
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
PSD	HINMAN, DAVID	6500 S. GATOR CREEK BLVD	SARASOTA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPTD	HINMAN, LYNETTE L	6500 S. GATOR CREEK BLVD.	SARASOTA FL 34241	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	ALGER, RONALD R	4026 ANNIE ST	SARASOTA FL 34233	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

941-379-9889

Daytime Phone #

CR2E034 (9/99)