

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000042269****1. Entity Name**  
**COX RACING TEAM, INC.**

FILED

03 APR 10 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA**Principal Place of Business**128 S. HERNANDO STREET  
LAKE CITY FL 32055**Mailing Address**P O BOX 175  
MCALPIN FL 32062  
US**2. Principal Place of Business**

17816 US 129S

Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 175

Suite, Apt. #, etc.

**City & State**

McAlpin FL

**City & State**

McAlpin FL

**Zip**

32062

**Country**

USA

**Zip**

32062

**Country**

USA

REINSTATEMENT

02-03

**4. FEI Number**

59-3186487

**Applied For**

Not Applicable

**5. Certificate of Status Desired**☐ \$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent**

MCDAVID, TERRY

128 S. HERNANDO STREET  
LAKE CITY FL 32055**7. Name and Address of New Registered Agent**

Name: Donna Cox

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

17816 US 129S

City: McAlpin

FL

Zip Code

32062

**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**

Donna Cox

Donna Cox

3/14/03

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, 2002 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D COX, DONNA J	RT: 3, BOX 327	LIVE OAK FL 32060	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		17816 US 129S	McAlpin, FL 32062		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		000015558790	04/09/03--01061--019 **150.00		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		000015558790	04/09/03--01061--020 **600.00		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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:** Donna J. Cox Donna J. Cox 3/15/02 386-364-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna J. Cox Donna J. Cox 3/14/03 386-364-3799