

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90051 014 ***150.00

0560308 AT

DOCUMENT # P93000050414

1. Entity Name
FASTRAC IDEAS, INC.

Principal Place of Business

**RT 2 BOX 9227
 FT WHITE FL 32038
 US**

Mailing Address

**P.O. BOX 2579
 HIGH SPRINGS FL 32643**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

214 S.W. Kendrick Ct

214 S.W. Kendrick Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. White, FL

City & State

Ft. White, FL

Zip

32038

Country

Columbia

Zip

32038

Country

Columbia

4. FEI Number

59-3196056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KNIGHT, JOEL
 RT 2 BOX 9227
 FT WHITE FL 32038**

7. Name and Address of New Registered Agent

Name

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

214 S.W. Kendrick Ct.

City

Ft. White

FL

Zip Code

32038

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

Joel Knight

Joel Knight Pres.

3-27-02

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	P	<input type="checkbox"/> Delete
NAME	KNIGHT, JOEL	
STREET ADDRESS	RT 2 BOX 9227	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KNIGHT, RALPHINE S	
STREET ADDRESS	RT 2 BOX 9227	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knights, Joel.	
STREET ADDRESS	214 S.W. Kendrick Ct.	
CITY-ST-ZIP	Ft. White, FL 32038	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knights, Ralphine S.	
STREET ADDRESS	214 S.W. Kendrick Ct.	
CITY-ST-ZIP	Ft. White, FL 32038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ralphine S. Knight

Ralphine S. Knight

3-27-02

386-497-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)