

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90058 032 ***550.00

DOCUMENT # **P93000082595**
1. Entity Name
Ocala Speedway, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Ocala Speedway Suite, Apt. #, etc. 9050NW Gainesville Rd City & State Ocala FL Zip 34487 Country USA		3. Mailing Address 2656 Cortez Blvd Suite, Apt. #, etc. 0 City & State FL Myers, FL Zip 33901 Country USA	
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870218

DO NOT WRITE IN THIS SPACE

4. FEI Number 650447921		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of Current Registered Agent

Name Paul Pitre	
Street Address (P.O. Box Number is Not Acceptable) 2656 Cortez Blvd	
City FL Myers	Zip Code FL 33901

**DO NOT WRITE
IN THIS SPACE**

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  DATE **6.13.02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 Paul Pitre 2656 Cortez Blvd FL Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **6.13.02** DAYTIME PHONE #

CR2E034B (12/01)