

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90020 028 ***150.00

A0049623

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000017617

1. Entity Name

BOSS RACING, INC.

Principal Place of Business

2121 N.W. Highway 19
Crystal River, FL 34428

Mailing Address

2121 N.W. Highway 19
Crystal River, FL 34428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

59-3256285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

John Crider
521 W. Fort Island Trail
Suite A
Crystal River, FL 34429

7. Name and Address of New Registered Agent

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, 2001 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	DP	☐ Delete
NAME	Brown, Roy F.	
STREET ADDRESS	841 N. O'Brian Pt	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	DV	☐ Delete
NAME	Brown, Susan	
STREET ADDRESS	841 N. O'Brian Pt	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	DV	☐ Delete
NAME	Brown, Randy	
STREET ADDRESS	841 N. O'Brian Pt	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	DS	☐ Delete
NAME	Crider, John	
STREET ADDRESS	521 W Ft Island Trail, Suite A	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Roy F Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01

CR2E034 (11/00)