

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 08, 2002 8:00 am**
Secretary of State

07-08-2002 90235 010 ***150.00

DOCUMENT # P95000003825

1. Entity Name

RACING OPTIONS, INC.

Principal Place of Business

**13730 S.R. 84
SUITE 196
DAVIE FL 33325
US**

Mailing Address

**13730 S.R. 84
SUITE 196
DAVIE FL 33325
US**

2. Principal Place of Business

4450 S.W. 61 AVE

3. Mailing Address

4450 S.W. 61 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2**# 2**City & State
DAVIE FLCity & State
DAVIE FL

Zip

Country

33314**US**

Zip

Country

33314**US**

6. Name and Address of Current Registered Agent

**MOONEY, TIMOTHY J
13730 STATE ROAD 84
SUITE 196
DAVIE FL 33325**

4. FEI Number

65-0556791

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

MOONEY, TIMOTHY J

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

4450 S.W. 61 AVECity **DAVIE****FL**

Zip Code

33314

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MOONEY, TIMOTHY J
13730 S.R. 84, SUITE 196
DAVIE FL 33325** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

Daytime Phone #



attachment
P9500003825

13730 State Rd. 84 • #196
Davie, FL 33325

(800) 970-0455
Fax (954) 472-1888

DEAR DEPARTMENT OF STATE

I WAS VACATIONING IN THE FIA KEYS AND I
MAILED MY FEE OUT ON APRIL 17 2002 AND FOR
SOME REASON IT DID NOT MAKE IT TO THE STATE DEPT

I CALLED IN ON:

5-7-02 LAURA S.

5-21-02 CAROL

6-3-02 LYNN

6-11-02 KRISTIN

6-10-02 ESTER

FINALLY I WAS TOLD TO SEND A NEW CHECK
AND WRITE AND EXPLAIN WHAT HAS HAPPENED.

MUCH THANKS SINCERELY TIMOTHY J. MOONEY (954) 270-4555

TJ Mooney