


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **95000014839**
 1. Entity Name
MORIN MOTORSPORTS GROUP INC 

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90616 038 ***150.00

Principal Place of Business Mailing Address
2532 Hibiscus Dr **3006 So ATLANTIC AVE**
EDGEWATER FL 32132 **NEW SMYRNA BEACH**
FL 32169

A0073310

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3302612**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MORIN, RICH
3006 So ATLANTIC AVE
NEW SMYRNA BEACH FL
32169

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

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	PD	<input type="checkbox"/> Delete
NAME	MORIN RICHARD A	
STREET ADDRESS	3006 S. ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
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	<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	
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:  **RICHARD A MORIN** **6/9/01** **904-426-6005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment
P950004123
A0073370

X-1R of Northeast Florida

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

6/8/01

GENTLEMEN;

WE ARE RE-filing FORM 201. COR PROFIT A/R
TODAY AS OUR ORIGINAL WAS RETURNED TO US PARTIALLY
DESTROYED BY THE U.S. POSTAL SERVICE. WE MAILED THE ORIGINAL
FORM ON 4/30/01, THE SAME TIME WE MAILED OUR TANGIBLE TAX
FORMS (SEE ENCLOSED COPY) I AM ENCLOSING A REPLACEMENT CHECK
FOR \$150.00 TO COVER FILING AND AM ASKING THAT WE NOT PENALIZED.
THIS WAS NOT OUR FAULT OF A FAULTY MAIL SORTER. ANY PENALTY
WILL CAUSE UNDUCE FINANCIAL HANDSHIP TO US. PLEASE FEEL FREE
TO CONTACT US ON THIS MATTER.

Yours truly

RAM

Morin Motor Sports



3006 S. ATLANTIC AVE

~~1011 S. ATLANTIC AVE~~

New Smyrna Beach, Florida 32168
Office: (904) 426-6008 • Home: (904) 426-1387 • Fax: (904) 426-~~0000~~ 6008

Attachment
 DH # 99500014835
 A001310

6740717976
 00001009073694 05/14/01
 066300000474 E6178 90 P08
 BANK OF AMERICA, N.A. JAX

COLONIAL BANK
 (407) 240-4404

050401 20 003 0495 010 040234 5910026179

ENCLOSURE HERE

MORIN MOTORSPORTS GROUP, INC.
 ROYAL PURPLE SYNTHETIC LUBRICANTS DISTRIBUTOR
 3006 S. ATLANTIC AVE.
 NEW SMYRNA BEACH, FL 32169
 (904) 426-6008

THIS CHECK IS IN PAYMENT OF THE FOLLOWING

2694

63-1322/631



PAY Two hundred thirty one 00 DOLLARS

CHECK
 AMOUNT

DATE	TO THE ORDER OF	CHECK NO.	DESCRIPTION	DISCOUNT
4-30-01	Fla Dept of Revenue	2694	Tangible	

\$ 231.00

C481

COLONIAL BANK
 161 N. CAUSEWAY
 NEW SMYRNA BEACH, FL 32169

Q o n

0002694 0631132220001008687

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