

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090592

1. Entity Name

PAUL CURRIE RACING, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90012 047 ***150.00

Principal Place of Business

1900 TARPON ROAD
NAPLES FL 34102

Mailing Address

1900 TARPON ROAD
NAPLES FL 34102-1551

2. Principal Place of Business

28819 Raintance Ave.

3. Mailing Address

3615 Davie Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel FL

City & State

Ft. Laud. FL

Zip

33543

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-0710787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRIE, PAUL
1900 TARPON ROAD
NAPLES FL 33962

7. Name and Address of New Registered Agent

Name

Paul Currie

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

28819 Raintance Ave.

City

Wesley

FL

Zip Code

33543

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CURRIE, PAUL	
STREET ADDRESS	1900 TARPON ROAD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Currie

Date

4/7/00

Daytime Phone #

813.907.5129

CR2E034 (9/99)