FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91325 011 ***150.00

668090

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098313

1. Entity Name

CALDWELL MOTOR SPORTS, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11590 US 19 N	P.O. BOX 17323
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Fl	City & State: Clearwater, Fl
Zip: 33764 Country: USA	Zip: 33762 Country: USA

4. FEI Number: 59-3412959 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Kimberly N. Caldwell

Street Address (P.O. Box Number is Not Acceptable): 11590 US 19 N

City: Clearwater FL Zip Code: 33764

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

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing registered agent.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $625.00
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	PTD
NAME	Noell L. Caldwell
STREET ADDRESS	11590 US 19 N
CITY-ST-ZIP	Clearwater, Fl 33764
TITLE	VSD
NAME	Kimberly N. Caldwell
STREET ADDRESS	11590 US 19 N
CITY-ST-ZIP	Clearwater, Fl 33764
TITLE	
NAME	
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CR2E034B (12/01)

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: Kimberly N. Caldwell 5/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #