

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009105

1. Entity Name

GROUND ZRO RACING, INC.

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90055 045 \*\*\*150.00

0044893

Principal Place of Business <b>118 BONITA DEBARY FL 32713</b>	Mailing Address <b>118 BONITA DEBARY FL 32713</b>
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C0004105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>THOMAS, JOSEPH W II</b> <b>950 S. WINTER PARK DRIVE</b> <b>SUITE 112</b> <b>CASSELBERRY FL 32707</b>	

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 \_\_\_\_\_

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	<b>BYRNES, KEITH</b>
STREET ADDRESS	<b>118 BONITA</b>
CITY-ST-ZIP	<b>DEBARY FL 32713</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>MARINELLI, JOHN A</b>
STREET ADDRESS	<b>253 LINDA VISTA ST</b>
CITY-ST-ZIP	<b>DEBARY FL 32713</b>
TITLE	SD <input type="checkbox"/> Delete
NAME	<b>BYRNES, ANN</b>
STREET ADDRESS	<b>118 BONITA</b>
CITY-ST-ZIP	<b>DEBARY FL 32713</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>MARINELLI, BONNY</b>
STREET ADDRESS	<b>253 LINDA VISTA ST</b>
CITY-ST-ZIP	<b>DEBARY FL 32713</b>
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	

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: Keith Byrnes **KEITH BYRNES** PRESIDENT 01-08-01 407-668-7760  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)