

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016497

1. Entity Name

WHEELER MOTORSPORTS, INC.

Principal Place of Business

4851 ROSSELLE ST UNIT ONE  
JACKSONVILLE FL 32254

Mailing Address

4851 ROSSELLE ST UNIT ONE  
JACKSONVILLE FL 32254

2. Principal Place of Business

4655 LENOX AVENUE

3. Mailing Address

4655 LENOX AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32205

Country

USA

Zip

32205

Country

USA

4. FEI Number

59-3445770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, PETE  
4851 ROSSELLE ST UNIT ONE  
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

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

4655 LENOX AVENUE

City

JACKSONVILLE

FL

Zip Code

32205

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS WHEELER, PETER  
CITY-ST-ZIP 4851 ROSSELLE ST UNIT ONE  
JACKSONVILLE FL 32254

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME WHEELER, PETE  
STREET ADDRESS 4655 LENOX AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/25/01

Date

904/388-4588

Daytime Phone #

0455420

CR2E034 (10/00)