

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000017348**1. Entity Name
R1K MOTORSPORTS, INC.

Principal Place of Business 6811 GARDEN ROAD LAKE PARK 33403 US	FL	Mailing Address 6811 GARDEN ROAD SUITE B LAKE PARK 33403 US	FL
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2. Principal Place of Business 6811 GARDEN ROAD	3. Mailing Address 6811 GARDEN ROAD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
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Zip 33404	Country US	Zip 33404	Country US
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4. FEI Number 65-0811217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentELMORE PHILLIP
6811 GARDEN ROAD

WEST PALM BEACH FL
33404 US**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 **PHILLIP ELMORE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	KING WILLIAM REEVES	
STREET ADDRESS	81 IRONWOOD WAY N	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRILLY NEIL	
STREET ADDRESS	893 NE 81ST STREET APT 1	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELMORE DANA	
STREET ADDRESS	14550 CRAZY HORSE LN.	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ELMORE PHILLIP	
STREET ADDRESS	14550 CRAZY HORSE LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
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: Phillip Elmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

04/25/2001

Date

Daytime Phone #

CR2E034 (11/00)