

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90095 044 ***150.00

0473968

DOCUMENT # P97000020223

1. Entity Name

RACESTAR MFG., INC.

Principal Place of Business

**8132 N ORANGE BLSM TRAIL
 ORLANDO FL 32810**

Mailing Address

**8132 N ORANGE BLSM TRAIL
 ORLANDO FL 32810**

2. Principal Place of Business

1090 Rainer Dr.

Suite, Apt. #, etc.

3. Mailing Address

1090 Rainer Dr.

Suite, Apt. #, etc.

003201



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs

City & State

Altamonte Springs

4. FEI Number

59-3445421

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALLANCOURT, TODD A
 8132 N ORANGE BLSM TRAIL
 ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

Todd A. Vallancourt

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

1769 Grange Circle

City

Longwood

FL

Zip Code

32750

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 **D** ☐ Delete
 NAME **VALLANCOURT, TODD A**
 STREET ADDRESS **1711 SWEETWATER WEST CIR**
 CITY-ST-ZIP **APOKA FL 32712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Todd A. Vallancourt** ☐ Change ☐ Addition
 NAME **1769 Grange Circle**
 STREET ADDRESS **Longwood FL 32750**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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

4-27-01

Date

407-682-2121

Daytime Phone #

CR2E034 (10/00)