

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**  
 04-07-2001 90004 015 \*\*\*150.00

0035-0326

**DOCUMENT # P97000024517**

1. Entity Name  
**FEST MOTORSPORTS, INC.**

Principal Place of Business

5455 JETVIEW CIR  
 TAMPA FL 33634  
 US

Mailing Address

5455 JETVIEW CIR  
 TAMPA FL 33634  
 US

2. Principal Place of Business

5473 Jet Port INDUSTRIAL BLVD  
 Suite, Apt. #, etc.

3. Mailing Address

5473 Jet Port INDUSTRIAL BLVD  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL B

City & State

Tampa, FL

4. FEI Number

59-3436495

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33634

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required.

6. Name and Address of Current Registered Agent

MOORE, STEVEN W.  
 2240 BELLEAIR RD 8200 Bryan Dairy Rd.  
 SUITE 160 SUITE 300  
 CLEARWATER FL 33764 33777

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

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 P  
 NAME FEST, CHARLES W. J  
 STREET ADDRESS 16617 VALLEY DR  
 CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

4-3-01

Date

813-601-1210

Daytime Phone #

CR2E034 (10/00)