

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P97000031561*

1. Entity Name

MAGUIRE MOTORSPORTS, INC. *JNL* *MM*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1007 FAIR WINDS CIRCLE

3. Mailing Address

1007 FAIR WINDS CIRCLE

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

Zip

33567

Country

USA

Zip

33567

Country

USA

4. FEI Number

58-2318431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES D. BLALOCK

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

1007 FAIR WINDS CIRCLE, # 207

City

PLANT CITY

FL

Zip Code

33567

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCGUIRE, JAMES
5830 WEST LAKE AVENUE, #18
GLENDALE, AZ 85301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

Date

813 7520743

CR2E034B (12/01)