2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
NEWPORT INTERNATIONAL CIRCUITS INC.
[redacted]

Principal Place of Business
10720 72ND ST. NORTH
LARGO FL 33777

Mailing Address
10720 72ND ST. NORTH
LARGO FL 33777

FILED
02 APR 30 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10720 72ND ST. NORTH	10720 72ND ST. NORTH
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301
City & State LARGO, FL	City & State LARGO, FL
Zip 33777 Country	Zip 33777 Country

4. FEI Number 59-3496300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIMOTHY WU
10720 72ND ST. NORTH
LARGO FL 33777

7. Name and Address of New Registered Agent

Name SHELLEY WU
Street Address (P.O. Box Number is Not Acceptable)
10534 INDIAN HILLS COURT
City LARGO FL Zip Code 33777

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 X [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) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TIMOTHY WU 10534 INDIAN HILLS CT LARGO, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800005554678--4 -05/16/02--01036--006 ****150.00 ****150.00
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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 X [signature] 4/28/02 727-544-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #