

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046112

1. Entity Name

K S RACING ENGINES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91331 002 ***150.00

0621959

Principal Place of Business

1142 OLD OKEECHOBEE RD.
WEST PALM BEACH FL 33401

Mailing Address

1142 OLD OKEECHOBEE RD.
WEST PALM BEACH FL 33401

00053700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0841993

Applied For

Not Applicable

Zip 33411

Country USA

Zip 33411

Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARKS, KEVIN

1142 OLD OKEECHOBEE RD.
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code 33411

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 State10. 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
DP
SPARKS, KEVIN
11420 OKEECHABEE RD
WEST PALM BEACH FL 33401 ☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Kevin Sparks
114 Barcelona Dr
Royal Palm Beach FL 33411 ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE NAME
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE 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)(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

Date

Daytime Phone #

CR2E034 (10/00)