

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051728

1. Entity Name
CYNDI'S RACE CAR COLLECTIBLES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90134 007 ***150.00

Principal Place of Business

1825 TAMiami TR F5
PORT CHARLOTTE FL 33948
US

Mailing Address

1825 TAMiami TR F5
PORT CHARLOTTE FL 33948
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0843486**

Applied For

Not Applicable

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

MITCHELL, CYNTHIA R
4141 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Name Cynthia R. Mitchell
Street Address (P.O. Box Number is Not Acceptable) (MAILING)
1825 TAMiami TR F-5
City Port Charlotte FL Zip Code 33948

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 Cyndi Mitchell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MITCHELL, CYNTHIA R**
CITY-ST-ZIP **4141 TAMiami TRAIL**
PORT CHARLOTTE FL 33952

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1825 TAMiami TR. F-5**
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Cyndi Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 941-629-9292
Date Daytime Phone #

CR2E034 (10/00)