

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90366 047 \*\*\*150.00

UNIFORM

**DOCUMENT # P98000074640**

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

Principal Place of Business  
**1192 LOST TRAIL  
 FORT WALTON BEACH FL 32547**

Mailing Address  
**P.O. BOX 2394  
 FORT WALTON BEACH FL 32549**

2. Principal Place of Business  
**5602 30th Court East**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5602 30th Court East**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**BRADENTON**

City & State  
**BRADENTON**

4. FEI Number **59-3534747**

Applied For  
 Not Applicable

Zip **FL - 34203**

Zip **FL 34203**

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

**CARTER, NANCY W  
 1192 LOST TRAIL  
 FORT WALTON BEACH FL 32547**

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 *\* Nancy W. Carter*

**5-1-01**  
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARTER, NANCY W</b> <b>1192 LOST TRAIL</b> <b>FORT WALTON FL 32549</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b> <b>CARTER, JOHN B. W.</b> <b>5602 30th COURT EAST</b> <b>BRADENTON, FL 34203</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARTER, NANCY W</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5602 30th COURT EAST</b> <b>BRADENTON, FL 34203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CARTER, JOHN B. W.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5602 30th COURT EAST</b> <b>BRADENTON, FL 34203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *\* Nancy W. Carter*

**5-1-01** **941-753-2076**  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)