## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P98000086720 **DOCUMENT #**

1. Entity Name

PREDATOR PERFORMANCE RACING, INC.



## **FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90060 013 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired S8.75 August 25 September	
Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  Fee Required  F	<b>                                   </b>
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LIGAS; LAWRENCE P 12280/75TH ST N LARGO FL 33773  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, as the obligations of registered agent, pseed or perined name of registered agent and life if applicable.  FILE NOW!!! FEL IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITTLE  HINTON, DAVID  GRIEF ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  FINELIAS PARK FL 33782  CITY-ST-ZIP  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAKE  MAKE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAKE  MAKE  MAKE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAKE  MAKE	
Street Address (P.C. 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. I am familiar with, a the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  III. STREET ADDRESS  III. NAME  III.	
LARGO FL 33773  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and set if applicable. (NOTE: Registered Agent signature required when reneabling)    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   O. OFFICERS AND DIRECTORS	
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes are finally under oath; that I am an officer or	rmation
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 10 or Block 10	uirector .ock 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 539 0218