2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000094596 **DOCUMENT #**

1. Entity Name

VIVECA AVERSTEDT RACING, INC.



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91398 042 ***150.00

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Principal Place of Business Mailing Address 3122 TERRY BROOK DRIVE 3122 TERRY BROOK DRIVE SUITE 508 SUITE 508 WINTER PARK FL 32792 WINTER PARK FL 32792 Principal Place of Business 1964 BISCAY Suite, Apt. #, etc X CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3556509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVERSTEDT, VIVECA Street Address (P.O. Box Number is Not Acceptable) 3122 TERRY BROOK DRIVE SUITE 508 WINTER PARK FL 32792 City Zip Code 8. The above named entity submits this statement for the ps pose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept th bobligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Defete TITLE AVERSTEDT, VIVECA NAME NAME 3122 TERRY BROOK DRIVE SUITE 508 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE TV ☐ Delete TITLE ☐ Change ☐ Addition NAME AVERSTEDT, HAKAN STREET ADDRESS 3122 TERRY BROOK DR. STE #508 STREET ADDRESS CITY-ST-ZIF WINTER PARK FL 32792 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wi

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition