

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**  
03-14-2002 90036 021 \*\*\*150.00

MAST7002  
AV

**DOCUMENT # P98000094889**

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

**Principal Place of Business**  
**617 INDUSTRIAL AVE.**  
**BOYNTON BEACH FL 33426**

**Mailing Address**  
**903 SE CENTRAL PKWY**  
**STUART FL 34994**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**617 INDUSTRIAL AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BOYNTON BCH FL 33426**

**4. FEI Number**

**65-0874953**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33426**

**West Palm BCH**

**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**

**RIETH, RONALD J MR.**  
**901 SE CENTRAL PARKWAY**  
**STUART FL 34994**

Name

**STEVEN LEE**

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

**617 INDUSTRIAL AVE**

City

**BOYNTON BEACH**

FL

Zip Code

**33426**

**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** STEVEN LEE PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

2/25/02

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, 2002 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** **PST** ☐ Delete  
**NAME** **LEE, STEVEN A**  
**STREET ADDRESS** **617 INDUSTRIAL AVE**  
**CITY-ST-ZIP** **BOYNTON BEACH FL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Delete  
**NAME** **CVP**  
**STREET ADDRESS** **RIETH, RONALD J**  
**CITY-ST-ZIP** **951 SE CENTRAL PKWY**  
**STUART FL 34994**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**NAME**  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 (561)369-1711

Date

Daytime Phone #

CR2E034 (9/01)