FILED Jul 13, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

P98000099805

DOCUMENT # 1. Entity Name

S & S DRAG RACING, INC.					07-13-2001 90004 035 ***150.00				
•	ce of Business MITAGE CIRCLE 4 FL 33433	Mailing Address 5300 NW 33 AVENUE STE 117 FORT LAUDERDALE FL 33309 US	(LA)						
· · · · · · · · · · · · · · · · · · ·	Place of Business .		mitage G	<u>-</u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc. ROCA RATON			DO NOT WRITE IN THIS SPACE				
City & Stat	de	City & State Florida		4. F	65-0879621		⊢	plied For t Applicable	
Zip	Country	~33433 C	us A	5. C	ertificate of Status Desired	\$8 Fe	.75 Add Require	litional d	
•	6. Name and Address of Current F	Registered Agent		7. N	ame and Address of New Registe	red Age	nt	* *	
	/, Allan 33 avenue ste 117 Jderdale fl 33309	Name Street Address (P.O. Box Number is Not Acceptable)							
			City			FL	Zip Code		
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent a		tered office or registr	_		ATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After September 12, 200	NOW!!! FEE IS \$550.00 aber 12, 2001 Fee will be \$750.0 Payable to Department of Stat		10. Election Campaign Financing Trust Fund Contribution.			0 May Be to Fees	
11.	OFFICERS AND [DIRECTORS 1	2.	ADC	DITIONS/CHANGES TO OFFICERS	AND DI	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, RICHARD 5300 NW 33 AVENUE STE 117 FORT LAUDERDALE FL 33309	_ s	ITLE IAME TREET ADDRESS ITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP		سيد المحال المحالوسة		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. N	ITLE AME TREET ADDRESS ITY-ST-ZIP			<u> </u>	Change	☐ 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition

AHachment Of PROCESTAGE

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