

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100321

1. Entity Name

WHISPER MOTORSPORTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90032 017 ***150.00

Principal Place of Business

12003 49TH ST.N..STE.301
CLEARWATER FL 33762

Mailing Address

12003 49TH ST.N..STE.301
CLEARWATER FL 33762-4327

2. Principal Place of Business

4400 118th Ave N

3. Mailing Address

4400 118th Ave N

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3543380

Applied For

Not Applicable

Zip

33762

Country

USA

Zip

33762

Country

USA

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

LOGAN, MARGARET E
1230 BAYSHORE DR.
TERRA CEIA FL 34250

Name

Street Address (P.O. Box Number is Not Acceptable)
4400 118th Ave N, Suite 305

City

Clearwater

FL

Zip Code

33762

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

Margaret E. Logan

Margaret E. Logan, VP

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 **D** ☐ Delete
NAME **LOGAN, BARRY H**
STREET ADDRESS **P.O. BOX 229**
CITY-ST-ZIP **TERRA CEIA FL 34250**

TITLE **P** ☒ Change ☐ Addition
NAME **Logan, Barry H**
STREET ADDRESS **4400 118th Ave N, Suite 305**
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE **D** ☐ Delete
NAME **LOGAN, MARGARET E**
STREET ADDRESS **P.O. BOX 229**
CITY-ST-ZIP **TERRA CEIA FL 34250**

TITLE **D** ☒ Change ☐ Addition
NAME **Logan, Margaret E**
STREET ADDRESS **4400 118th Ave N, Suite 305**
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Margaret E. Logan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Margaret E. Logan

4/20/00

727-573-1292

Date

Daytime Phone #

CR2E034 (9/99)