

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107653

1. Entity Name

RACESTAR MOTORSPORTS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90095 043 ***150.00

Principal Place of Business

8132 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

Mailing Address

8132 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

653258

2. Principal Place of Business

1090 Rainer Drive
Suite, Apt. #, etc.

3. Mailing Address

1090 Rainer Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FL
Zip 32714 Country U.S.A.

City & State

Altamonte Springs FL
Zip 32714 Country U.S.A.

4. FEI Number

59-3551254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLANCOURT, TODD A
8132 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

1769 Grange Circle

City

Longwood

FL

Zip Code

32750

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

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, 2001 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

TITLE	DVST	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN G	
STREET ADDRESS	218 HARBOR VIEW LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DP	<input type="checkbox"/> Delete
NAME	VALLANCOURT, TODD A	
STREET ADDRESS	8132 NORTH ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1769 Grange Circle	
STREET ADDRESS	Longwood, FL 32810	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01
Date

407-682-2121
Daytime Phone #

CR2E034 (10/00)