

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027123

1. Entity Name
FAST TRIXX PERFORMANCE MOTORCYCLES AND RACING, I

Principal Place of Business
5036 TEN CAP. BLVD.
TALLAHASSEE FL 32303

Mailing Address
5036 TEN CAP. BLVD.
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

12005 CEDAR BLUFF TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

4. FEI Number 59-3557204

Applied For
Not Applicable

Zip

Country

Zip

Country

32312

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

MADDOX, DANIEL F JR.
820-1 WEST CAROLINA STREET
TALLAHASSEE FL 32304

Name
MADDOX, JR. DANIEL F.

Street Address (P.O. Box Number is Not Acceptable)
12005 CEDAR BLUFF TRAIL

City
Tallahassee, FL FL Zip Code 32312

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]* (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MADDOX, DANIEL F JR.
STREET ADDRESS 820-1 WEST CAROLINA STREET
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE D
NAME MADDOX, DANIEL F JR.
STREET ADDRESS 12005 CEDAR BLUFF TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME SUSAN A. STROK
STREET ADDRESS 12005 CEDAR BLUFF TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 200004706172-4
-12/05/01--01059--005
****158.75 ****158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP late Fee waived, lost at ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP POST OFFICE, originally ☐ Change ☐ Addition
January 2001

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

858 580-3278

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 14 PM 4:08



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)