

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 90502 038 ***150.00

DOCUMENT # *P99000033680*

1. Entity Name

Wilson Motorsports



DO NOT WRITE IN THIS SPACE

55038859

2. Principal Place of Business

3280 Ohio Ave

3. Mailing Address

3280 Ohio Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

Sanford, FL

4. FEI Number

52-2209048

Applied For

Not Applicable

Zip

32773

Country

Seminole

Zip

32773

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Wilson, Nolan G

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

3280 Ohio Ave

City

Sanford

FL

Zip Code

32773

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when rechartering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*P
Wilson, George W
3280 Ohio Ave
Sanford FL 32773*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*V
Wilson, NOLAN G
3280 Ohio Ave
Sanford FL 32773*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W Wilson

DATE

Daytime Phone #

4-18-03 407-323-8727

CR2E034B (12/02)