

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90044 007 \*\*\*150.00

**DOCUMENT # P99000035110**

1. Entity Name  
**WEST COAST MOTORSPORTS, INC.**

Principal Place of Business

**904 S. TAMiami TRAIL  
 OSPREY FL 34229**

Mailing Address

**46 N WASHINGTON BLVD #1  
 SARASOTA FL 34236**

**80047094**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**635 S. Orange Ave**

Suite, Apt. #, etc.

Suite 10

**Sarasota, Florida**

Zip

**34236**

Country

**USA**

4. FEI Number

**65-0949956**

Applied For

Not Applicable

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

**PATTERSON, JOHN  
 46 N WASHINGTON BLVD #1  
 SARASOTA FL 34236**

Name

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

City

**FL**

Zip Code

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.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	DP	<input type="checkbox"/> Delete
NAME	PETRIK, GERD	
STREET ADDRESS	904 S. TAMiami TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	NAKAMOTO, KERI	
STREET ADDRESS	904 S. TAMiami TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIK, GERD	
STREET ADDRESS	635 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FLORIDA 34236	
TITLE	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMOTO, KERI	
STREET ADDRESS	635 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
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: *Keri Nakamoto*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 364-9609

Date Daytime Phone #

CR2E034 (9/01)