

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90009 012 \*\*\*150.00

0109894 AT

**DOCUMENT # P99000046938**

1. Entity Name

**MOTORSPORTS MARKETING GROUP INC.**

Principal Place of Business

**403 CASTLETON CR  
TALLAHASSEE FL 32312  
US**

Mailing Address

**3749 P.O. BOX 3749  
TALLAHASSEE FL 32315-3749**

2. Principal Place of Business

**403 CASTLETON CIRCLE**

3. Mailing Address

**PO 3749**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TALLAHASSEE FL**

City & State

**TALLAHASSEE**

4. FEI Number

**59-3577446**

Applied For

Not Applicable

Zip

**32312**

Country

**US**

Zip

**FL**

Country

**32315-3749**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PISANO, STEVEN  
403 CASTLETON CIR.  
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

**SAME**

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **P** ☐ Delete  
NAME **PISANO, STEVEN R**  
STREET ADDRESS **403 CASTLETON CIRCLE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 60X, 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**16-JULY-01**

**850-422-2470**

CR2E034 (5/01)