

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90182 015 ***150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P99000070239

1. Entity Name
R & D RACING, INC.

Principal Place of Business
8466 COCONUT BLVD
WEST PALM BEACH FL 33412

Mailing Address
8466 COCONUT BLVD
WEST PALM BEACH FL 33412

2. Principal Place of Business
6823 VISTA PARKWAY N.

3. Mailing Address
6823 VISTA PARKWAY N.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33411

Country
FLM BEACH

Zip
33411

Country
FLM BEACH

4. FEI Number 65-0945878

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HALPERIN, ELEANOR B
1400 CENTREPARK BLVD, SUITE 1000
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, RON	NAME	6823 VISTA PARKWAY N.
STREET ADDRESS	8466 COCONUT BLVD	STREET ADDRESS	WEST PALM BEACH, FL 33411
CITY-ST-ZIP	WEST PALM BEACH FL 33412	CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D <input type="checkbox"/> Delete	TITLE	VICE PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, DEON O	NAME	6823 VISTA PARKWAY N.
STREET ADDRESS	8466 COCONUT BLVD	STREET ADDRESS	WEST PALM BEACH, FL 33411
CITY-ST-ZIP	WEST PALM BEACH FL 33412	CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE** 2/10/03 (520) 684-2144

CR2E034 (10/02)