2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0071393	KA	Aug 22, 20 Secretary 08-22-2001 9022			
SCOTT WILLI	.D RIDGE BLVD	Mailing Address PO BOX 836 EATON FL 33840	Ü				
	Place of Business Emerald Ridge Blud #, etc.	3. Malling Address Po Box 8 Suite, Apt. #, etc.	36	DO NOT WRITE IN			
City & Stat		City & State EAton Park		4. FEI Number 59-3591050	Applied For Not Applicable]	
Zip 3380	Country	Zip F1	Country 33840	5. Certificate of Status Desired	\$8.75 Additional Fee Required	7	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Regis		_	
WILLIAMS	S, SCOTT		Name	(DO D. M. J. J. M. M. J. J. M. J. J. J. M. J.	er væd værete.	1	
3517 CRAFTSMAN BLVD			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
LAKELANI	D FL 33803-7397					4	
·			City		FL Zip Code	_	
8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOTE:	Registered Agent signature require	ad when rejectation	DATE		
9 This serve			FEE IS \$550.00	ou when to hadding)		\dashv	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After September 12,	2001 Fee will be \$750 e to Department of Sta		ing \$5.00 May Be Added to Fees		
11.	OFFICERS AND D		■ 12.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 11	7	
TITLE	D COTT	Delete	TITLE		☐ Change ☐ Addition	1	
NAME STREET ADDRESS	WILLIAMS, SCOTT 5601 EMERALD RIDGE BLVD		NAME STREET ADDRESS			}	
CITY-ST-ZIP	LAKELAND FL 33813	<u> </u>	CITY-ST-ZIP			4	
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	· '	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	,			
TITLE		Delete	TITLE	, ————————————————————————————————————	☐ Change ☐ Addition	,	
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TITLE NAME		Delete	TITLE NAME		☐ Change ☐ Addition		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	-	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP].	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	rue and accurate and that my rered to execute this report as	signature shall have the	same legal effect as if made under oath:	that I am an officer or director		
SIGNAT	URE: SIA	Wella.	52	8-20-01 8	63.665-8224		
		NTED NAME OF SIGNING OFFICER OF	R DIRECTOR	Date	Daytime Phone # X 1234	ĺ	

8-20-01 863-665-8224 Daytime Phone # x 1234



BOX 836 . EATON PARK , FL 33840

PHONE & FAX (941) 619-7996

-MAIL: SCOTTRACING@SPISAFETY.COM

August 20th 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

To Whom It May Concern:

The intent of this letter is to notify the Division of Corporations that Scott Racing, Inc., did not receive the notification letter pertaining to filing the 2001 Uniform Business Report. If I had received this notification, I would have gladly submitted the report and payment.

We are a small racing business and every dollar is important. Please accept payment of \$150.00 for the Scott Racing, Inc. Uniform Business Filing. I sincerely regret that my filing was not on time.

Please let me know if there are any problems. 863-665-8224 Ext 1234

Sincerely,

Scott Williams

President, Scott Racing, Inc.