

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092874

1. Entity Name

PERFORMANCE MOTORSPORTS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90070 033 ***150.00

Principal Place of Business

Mailing Address

3220 ALAMO DR.
ORLANDO FL 32805

3220 ALAMO DR.
ORLANDO FL 32805-7149

LUUJ7010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1333 Pine Ave. S.W.

3. Mailing Address

P.O. box 2264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

Orlando, FL

City & State

ORLANDO, FL

4. FEI Number

59-3604616

Applied For

Not Applicable

Zip

Country

32824

USA

Zip

Country

32824

USA

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

KERN, WYNDELL T
3220 ALAMO DR.
ORLANDO FL 32805

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.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KERN, WYNDELL T
3220 ALAMO DRIVE
ORLANDO FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KERN, RALPH P
3112 ALAMO DRIVE
ORLANDO FL 32805

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

407 856 8545

Daytime Phone #

CR2E034 (9/99)