

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90115 027 \*\*\*150.00

**DOCUMENT # P99000102103**

1. Entity Name  
**CHARLOTTE COUNTY MOTOR SPORTS, INC.**



Principal Place of Business  
~~1010 S TAMiami TR~~ **1732 Steadley**  
**PUNTA GORDA FL 33950**

Mailing Address  
**P O BOX 511269**  
**PUNTA GORDA FL 33951**

11010017



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Good  
Number

CHECK HERE IF MAKING CHANGES

4. FEE Number **65-0967042** Applied For  
**650967042** 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

**OAKS, DAVID K**  
**252 W MARION AVE**  
**PUNTA GORDA FL 33950**

Name  
**Hal E. Wotitzky**  
Street Address (P.O. Box Number is Not Acceptable)  
**223 Taylor St.**  
**Punta Gorda**  
City  
**FL** Zip Code  
**33950**

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 *Hal Wotitzky* (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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD VP** ☐ Delete  
NAME **HELPHENSTINE, B R**  
STREET ADDRESS **24360 KINGSWAY CIRCLE**  
CITY-ST-ZIP **LAKE BUZY FL 34200**

TITLE **VD Secretary** ☒ Change ☐ Addition  
NAME **Helphenstine, B.R.**  
STREET ADDRESS **4730 Riverside dr.**  
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE **VD** ☒ Delete  
NAME **TREWORGY, RICK**  
STREET ADDRESS **27495 CLEVELAND AVE**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE **SD** ☒ Delete  
NAME **LAISHLEY, BRUCE**  
STREET ADDRESS **627 BRINDISI CT**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE **PD** ☐ Delete  
NAME **LOMBARDO, JOSEPH**  
STREET ADDRESS **6400 RIVERSIDE DR**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **PD Treasurer** ☒ Change ☐ Addition  
NAME **LOMBARDO, JOSEPH**  
STREET ADDRESS **6400 Riverside Dr.**  
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Joseph Lombardo* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)