

1/31

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APPROVED
AND
FILED

ATTN: RANDY LEAVY

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107120

1. Entity Name

OUTLAW RACING, INC.

02 MAY 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1905 MEARS PKWY
MARGATE FL 33063

Mailing Address

1905 MEARS PKWY
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4332855

Applied For
Not Applicable5. 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

LEAVY, VICKIE

1525 MIRA VISTA CIRCLE
WESTON FL 33327

Name

CHRISTOPHER M. CROWN

Street Address (P.O. Box Number is Not Acceptable)

5431 NW 15 ST Bldg 4

City

Margate

FL

Zip Code
33063

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee 4 applicable.

NOTE: Registered Agent Signature required when reappointing.

DATE

3.4.02

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, 2002 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
LEAVY, VICKIE
1525 MIRA VISTA CIRCLE
WESTON FL 33327☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Resident

Christopher M. Crown

5431 NW 15 ST Bldg 4

Margate FL 33063

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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)(b), 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 address, with all other like empowered.

SIGNATURE:

ONE REQUIRED

1-14-02

95498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5588

CR0204 (9/01)