


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90243 049 ***150.00

DOCUMENT # S38925	
1. Entity Name DOKKEN MOTORSPORTS, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5060 Ensign Loop Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 14458 Suite, Apt. #, etc.
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14008952
DO NOT WRITE IN THIS SPACE

City & State NEW PRT RICHEY, FL	City & State CLEARWATER, FL 33766	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34652	Country PASCO	Zip 33766	Country PINELLAS
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name WAYNE DOKKEN	
Street Address (P.O. Box Number is Not Acceptable) 5060 ENSIGN LOOP	
City NEW PORT RICHEY	FL Zip Code 34652

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAYNE DOKKEN - President 5060 Ensign Loop New Port Richey, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **WAYNE DOKKEN - President** *Wayne Dokken* **4/29/05** **727-844-5260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034B (12/02)