

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S81165**

1. Entity Name  
**LOPRESTI SPEED MERCHANTS, INC.**



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**  
04-30-2003 90143 032 \*\*\*150.00

0138716 AV

Principal Place of Business  
**2620 AIRPORT N. DR**  
**VERO BEACH FL 32960**  
**US**

Mailing Address  
**2620 AIRPORT N. DR**  
**VERO BEACH FL 32960**  
**US**

**11000103**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0295298**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOPRESTI, LEROY**  
**2620 AIRPORT NORTH DRIVE**  
**VERO BEACH FL 32960**

7. Name and Address of New Registered Agent  
Name **LoPresti, Curt**  
Street Address (P.O. Box Number is Not Acceptable)  
**2620 AIRPORT NORTH DR**  
City **VERO BEACH** FL Zip Code **32960**

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 **President** DATE **4-29-03**  
(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LOPRESTI, JAMES R.</b> <b>5670 36TH LN</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOPRESTI, CURT</b> <b>906 TIDES ROAD</b> <b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOPRESTI, LEROY</b> <b>516 HONEYSUCKLE LN</b> <b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LOPRESTI, CURTIS</b> <b>906 TIDES ROAD</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LOPRESTI, MARGARET</b> <b>516 HONEYSUCKLE LN</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOPRESTI, DAVID</b> <b>469 10TH CT.</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE: **LoPresti** **PRESIDENT** DATE **4-29-03** DAYTIME PHONE **772-562-4757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)