

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90142 001 ***150.00

DOCUMENT # V38677

1. Entity Name
TORSTVEIT RACING INC.



Principal Place of Business
**5200 NEWBERRY ROAD
SUITE B-6
GAINESVILLE FL 32607
US**

Mailing Address
**5200 NEWBERRY ROAD
SUITE B-6
GAINESVILLE FL 32607
US**

2. Principal Place of Business
815 N.W. 23RD AVENUE
Suite, Apt. #, etc.

3. Mailing Address
815 N.W. 23RD AVENUE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE, FL
Zip
32609

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GAINESVILLE, FL
Zip
32609

4. FEI Number
59-3124817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, SHARON M
5200 NEWBERRY RD, B-6
GAINESVILLE FL 32607**

**ADDRESS
CHANGE
ONLY - ?**

7. Name and Address of New Registered Agent

Name
STEVENS, SHARON M.
Street Address (P.O. Box Number is Not Acceptable)
815 N.W. 23RD AVENUE
City
GAINESVILLE **FL** Zip Code
32609

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: *Sharon M. Stevens*
Signature, typed or printed name of registered agent and title if applicable.

SHARON M. STEVENS

2/25/2003

(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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JEREMY R. TORSTVEIT 1301 E MCDOWELL ROAD, SUITE 202 PHOENIX AZ 85006 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 329 W. CYPRESS ST. PHOENIX, AZ 85003 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
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| 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 like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03 602-471-6267

Date Daytime Phone #

CR2E034 (10/02)