**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111093  1. Entity Name HAGER RACING, INC.						Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90025 019 ***150.00				
Principal Place of Business  RT. 1. BOX 780  RT. 1. BOX 780  LEE FL 32059  LEE FL 32059										
2. Principal Place of Business  518 S.E. Cornith Church Rd  Suite, Apt. #, etc.  3. Mailing Address  518 S.E. Corinth Church Rd  Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State  City & State  Lee F1  Zip Country Zip				Country			umber <b>59-36</b>		© 75 A	pplied For ot Applicable
3205	9 DEA	32059	Ü	<u>A</u> دُ			icate of Status De		Fee Require	
HAGER, E RT. 1, BC LEE FL 3	X 780	gistered Agent		Street Ac		.O. Box N	umber is Not Acc	_	Pred Agent	
				City 1	ee				FL Zip Coo	de O C 4
SIGNATURE 9  This corpo	signature wheel in printed parts of registered agent and cration is eligible to satisfy its Intangible requirement and elects to do so.	ory Hagen	Registered  ! FEE I 2 Fee v	Agent signatu S \$150.0 vill be \$5	re required w 00 50.00	vhen reinstatin		2 o	· _ ••••	00 May Be d to Fees
11.	OFFICERS AND DI	RECTORS	12.	· · · · · · · · · · · · · · · · · · ·		ADDITIO	DNS/CHANGES T	O OFFICERS	AND DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGER, BARRY RT. 1, BOX 780 LEE FL 32059	☐ Delete	TITLE NAME STREET CITY-S	r address ST-ZIP	D Ban 518 Lee	SEC	iger orinth Ch 32059		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGER, LORRIE RT. 1, BOX 780	☐ Delete	TITLE NAME STREET	ADDRESS	2187 7024;	e He S.E. C	, 3		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE FL 32059	Delete	TITLE ;-NAME	ADDRESS	Lee	. F/ 	350%	<b>9</b>	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY~ST-ZIP		☐ Delete	TITLE NAME	ADDRESS					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	718, 4 355 B	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					Change	Addition
indicated of the corp changed,	pertify that the information supplied with the on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	⁄ signatu	re shall ha	ive the sa	ıme legal -	effect as if made	under oath: th	nat I am an officer	or director
SIGNAT		TEN PAME OF SIGNING OFFICER OF	DA TORECTO	<u>x</u> H	iger		2 - /2-0 Date	ζ	Daytirne Phone #	50/6