FILED

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State K75808 DOCUMENT # 1. Entity Name 4-02-2002 90864 027 \*\*\*150 SUPER SPEED FUN PARK, INC. Principal Place of Business Mailing Address 9523 FRONT BEACH RD. 9523 FRONT BEACH RD. PANAMA CITY BEACH FL 32408-4149 PANAMA CITY BEACH FL 32408-4149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2950274 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, BRIAN D. Street Address (P.O. Box Number is Not Acceptable) 9108 WEST HIGHWAY 98 PANAMA CITY BEACH FL 32408 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME WHITE, DANNY NAME STREET ADDRESS STREET ADDRESS 9523 FRONT BEACH RD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME THOMPSON, LESLIE STREET ADDRESS STREET ADDRESS 9523 FRONT BEACH RD CITY-ST-ZIP -CITY-ST-ZIP\* PANAMA CITY BCH FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address