


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90120 024 ***150.00

DOCUMENT # K88860
1. Entity Name
BRACO RACING DEVELOPMENTS INC.



Principal Place of Business
**6207 ROYAL PALM BCH BLVD
RPB FL 33412
US**

Mailing Address
**6207 ROYAL PALM BCH BLVD
RPB FL 33412
US**

70033177



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

6. Name and Address of Current Registered Agent
**BRADLEY, HENRY
6207 ROYAL PALM BCH BLVD
PB FL 33412**

7. Name and Address of New Registered Agent
Name
BRADLEY, GLORIA
Street Address (P.O. Box Number is Not Acceptable)
6207 ROYAL PALM BCH BLVD
City **PB** State **FL** Zip Code **33412**

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 *Glavia Bradley* DATE **3/17/03**
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, HENRY	
STREET ADDRESS	6207 ROYAL PALM BCH BLVD	
CITY-ST-ZIP	RPB FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, SUSAN E	
STREET ADDRESS	6207 ROYAL PALM BCH BLVD	
CITY-ST-ZIP	RPB FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, GLORIA	
STREET ADDRESS	6207 Royal Palm Bch Blvd	
CITY-ST-ZIP	RPB, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Glavia Bradley* **REQUIRED** DATE: **3/17/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)