FILED 2003 NOT-FOR-PROFIT CORPORATION May 12, 2003 8:00 am § UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # **N96000002750** 05-12-2003 90220 032 ****61.25 HEAVEN BOUND MOTORSPORTS, INC. Principal Place of Business Mailing Address 8718 RANCHO CT. 8718 RANCHO CT. ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3388244 Applied For Not Applicable Zip Country Zlp Country \$8.75 Additional 5. Certificate of Status Desired_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHELTON, LUTHER C III Street Address (P.O. Box Number is Not Acceptable) 8718 RANCHO CT. ORLANDO FL 32836 ž City Zip Code 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 ag SIGNATURE of registered agent and title if apolicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition NAME SHELTON, LUTHER C III NAME 8718 RANCHO CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete TITLE. ☐ Change TITLE Addition SHELTON, LISA K NAME NAME STREET ADDRESS 8718 RANCHO CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete TITLE TITLE ☐ Chance ☐ Addition HARDAGE, GERALD NAME NAME STREET ADDRESS 233 HARBOUR GARDENS CT. STREET ADDRESS

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

EDGEWOOD FL 32806

□ Addition

☐ Addition

☐ Change

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