FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 16 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 01000031159

1. Entity Name

SPEEDEMISSIONS, INC.

200023189032
09/13/03--01017--011 **61.25

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1139 SENOIA ROAD Suite, Apt. #, etc. SUITE B	1139 SENOIA ROAD Suite, Apt. #, etc. SUITE B
City & State TYRONE, GA	City & State TYRONE, GA
Zip: 30290 Country: U.S.A.	Zip: 30290 Country: U.S.A.

4. FEI Number: 33-0961488 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 236 E. 6TH AVE

City: TALLAHASSEE FL Zip Code: 32303

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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/D/T/S Richard A. Parlontieri 1139 Senoia Road, Suite B Tyrone, GA 30290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bahram Yusefzadeh 2180 West State Road 434 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradley A. Thompson 227 King Street Frederiksted, U.S. VI 00840
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

Richard A. Parlontieri

SIGNATURE: RICHARD A. PARLONTIERI 9/8/03 (770) 306-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/16