

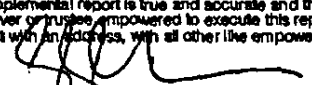
FILED
Jul 22, 2003 8:00 am
Secretary of State

06-26-2003 90038 021 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55051885

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000101994					
1. Entity Name SMS RACING, INC.					
Principal Place of Business 19000 SW 61ST MANOR SOUTHWEST RANCHES, FL 33332 US		Mailing Address 19000 SW 61ST MANOR SOUTHWEST RANCHES, FL 33332 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1648686	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACHO, SHERENE L 19000 SW 61ST MANOR SOUTHWEST RANCHES, FL 33332				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when registering). DATE					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	CHUNG, MAUREEN O		NAME		
STREET ADDRESS	19000 SOUTHWEST 61ST MANOR		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRACHO, SHERENE L		NAME		
STREET ADDRESS	19000 SW 61ST MANOR		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHUNG, SUZANNE L		NAME		
STREET ADDRESS	19000 SW 61ST MANOR		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		S. BRACHO		6-23-03 954434624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (10/02)