FILED

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90349 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

230027 **DOCUMENT #**

1. Entity Name

SUNSHINE SPEEDWAY INC

	,			9	00 WE 120					
Principal Place of Business 15236 AVALON AVE CLEARWATER FL 33760 US		15236	Mailing Address 15236 AVALON AVE CLEARWATER FL 33760 US							
2. Principal F	Place of Business	3. Mail	3. Mailing Address				[ili (100) 110) E10)	ı Bibil bibli bi	816 G1036 1781
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING (CHANGES	
City & Stat	e	City	City & State			4. F	^{El Number} 59-0900480			pplied For
Zip	Country		ip Cour		5.		Dertificate of Status Desired		8.75 Add	fitional
	6. Name and Address of Curre	nt Registere	d Agent	- F		7. 'N	lame and Address of New R	egistered Ag	jent-	
				Nam	ie					
MUSGRAVE, PHYLLIS L 2238 GLENMOOR ROAD SOUTH				Stree	Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 33764-4923										
	•		·	City		,	<u>·</u>	FL	Zip Code	
	named entity submits this statementions of registered against.	t for the purpo	ose of changing its	registered offic	e or register	ed age	ent, or both, in the State of Flo	orida. I am far	niliar with,	and accept
CICNATURE										
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appli	cable. (NOTE	: Registered Agent si	gnature required	when rei	instating)	DATE		
Afte	IÈE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Rayable to Florida Department						Election Campaign Fir Trust Fund Contributio			May Be to Fees
10.	OFFICERS AN	1		11.		AD	L	ICERS AND F	DIRECTORS	
TITLE,	PD	10 01120101	□ Delete	TITLE		, , ,	BITTOTO, OF PARTOLES TO OFF		Change	Addition
NAME	MUSGRAVE, C SIBYL		22 201010	NAME						
STREET ADDRESS.	15236 AVALON AVE			STREET ADDRE	ss					
CITY-ST-ZIP	CLEARWATER FL 33760			CITY-ST-ZIP						
TITLE	STD		Delete	TITLE				[☐ Change	☐ Addition
NAME	MUSGRAVE, PHYELIS L.			NAME						:
STREET ADDRESS	2238 GLENMOOR ROAD SOU	IH		STREET ADDRE	SS					
CITY-ST-ZIP	CLEARWATER FL 33764		62	CITY-ST-ZIP	ومر جرميد سگ					
TITLE	VO		Delete	= TITLE				· · · = [Change *	Addition
NAME STREET ADDRESS	HILL, BONNIE M 1983 LEVINE LANE			NAME STREET ADDRES	22					
CITY-ST-ZIP	CLEARWATER FL			CITY-ST-ZIP	~					j
TITLE	D		☐ Delete	TITLE					Change	Addition
NAME	HILL, J FRANK		La Delete	NAME				•	4	
STREET ADDRESS	1983 LEVINE LANE			STREET ADDRES	SS					İ
CITY-ST-ZIP	CLEARWATER FL		<u></u>	CITY-ST-ZIP			_			
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NAME				NAME	ŀ	•				J
STREET ADDRESS				STREET ADDRES	SS					}
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			Delete	TITLE				[Change	☐ Addition
NAME				NAME						ĺ
STREET ADDRESS				STREET ADDRES	SS					

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Sieyl C. Musgrave 4/14/03

727-531-2088