## 2007 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # 446797** 1. Entity Name SOUTHERN STYLE RACING ENGINES & COMPONENTS, INC. 04-23-2001 90163 012 \*\*\*150.00 Principal Place of Business Mailing Address 4941 - 73RD AVENUE.. NORTH 4941 - 73RD AVENUE., NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1549403 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUIZ, GUILLERMO A. Street Address (P.O. Box Number is Not Acceptable) 2950 FIRST AVENUE, NORTH ST. PETERSBURG FL Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition Delete TITLE TITLE PILS.GEORGE NAME NAME 4941 73RD AVENUE, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-7IP Change | ☐ Addition TITLE Detete TITLE LUYTEN, LORRAINE NAME NAME 4941 73RD AVENUE, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

☐ Addition