FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 2002 8:00 am **DOCUMENT #** 446797 Secretary of State 1. Entity Name 02-14-2002 90028 049 ***150.00 SOUTHERN STYLE RACING ENGINES & COMPONENTS, INC. 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 4. FEI Number Applied For 59-1549403 Not Applicable Zip Country 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 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME PILS.GEORGE NAME STREET ADDRESS 4941 73RD AVENUE, NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME LUYTEN.LORRAINE NAME STREET ADDRESS 4941 73RD AVENUE, NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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.