

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

0000721

DOCUMENT # 734889

1. Entity Name
DAYTONA DIRT RIDERS, INC.



08-18-2003 90172 020 ****70.00

Principal Place of Business
P.O. BOX 959 N/A
HOLLY HILL FL 32125
US

Mailing Address
P. O. BOX 250969
HOLLY HILL FL 32125
US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1748126**
Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BROWN, BOB
6211 SANTA MONICA DRIVE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent
Name **Bob Brown**
Street Address (P.O. Box Number is Not Acceptable) **6211 Santa Monica Drive**
City **Port Orange** FL Zip Code **32127**

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 Bob Brown DATE 8/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	PETTENGER, STEVE	
STREET ADDRESS	12 GREENFERN CR.	
CITY-ST-ZIP	ORMOND FL 32174	
TITLE	P	<input type="checkbox"/> Delete
NAME	VALLEY, TOM	
STREET ADDRESS	19 BROOKWOOD DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKEENS, RICK	
STREET ADDRESS	1461 RAEALYN DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BOB	
STREET ADDRESS	6211 SANTA MONICA DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUPA, NICK	
STREET ADDRESS	53701 ALCO ROAD	
CITY-ST-ZIP	ASTOR FL 32012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin MOYER	
STREET ADDRESS	616 BIG TREE RD	
CITY-ST-ZIP	South Daytona FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE President	
STREET ADDRESS	Tom Vally	
CITY-ST-ZIP	19 Brookwood Dr.	
	Ormond Beach FL 32174	

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 617, 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: Kevin Moyer SIGNATURE REQUIRED R. MOYER DATE 8/5/03 DAYTIME PHONE # 386-761-6423

CR2E037 (4/03)