2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # F97119** 1. Elity Name RACE ENGINEERING, INC. 04-11-2001 90082 039 ***150 00 Principal Place of Business Mailing Address 2602 2602 PARK ST LAKE WORTH FL 33460 PARK STR 44 U O U I LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2312645 Not Applicable Country **\$8.75** Additional _ Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOCH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 335 GLENBROOK DRIVE ATLANTIS FL 33462 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition DV Delete TITLE TITLE ANNAS, CAROL NAME 335 GLENBROOK DR STREET ADDRESS STREET ADDRESS 1419 BETA COURT NORTH ATLANTIS, FL 33462 CITY-ST-ZIP CITY-ST-ZIP LAKE CLARK SHORES FL ☐ Addition TITL F ☐ Delete TITLE PSD NAME KOCH, ROBERT F NAME 335 GUINBROOK DR STREET ADDRESS STREET ADDRESS 1419 BETA COURT NORTH ATLANTIS FU 33467 CITY-ST-ZIP CITY-ST-ZIP LAKE CLARK SHORES FL ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 frue 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 of trustee empowered to execute this report as fequired 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR D