2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 24, 2000 8:00 am Secretary of State **DOCUMENT # H62599** 1. Entity Name RED FINN RACING, INC. 02-24-2000 90056 046 ***150.00 Mailing Address Principal Place of Business ---3000 N. OCEAN DR. #27D AUTO EXOTICS BY PETER RIVIERA BEACH FL 33404-3249 1354 S. KILLIAN DRIVE LAKE PARK FL 33403 3. Mailing Address 2. Principal Place of Business 1354 5, KILLIAN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2548844 FLORIDA AKE Not Applicable Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 8403 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLARUSSO, JUDY FINN -F NA - FORMERLY Street Address (P.O. Box Number is Not Acceptable) KNOWN 3000 N. OCEAN DR. APT, 27-D SINGER ISLAND FL 33404 LAKE 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. PRISIDENT est position 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President PD ☐ Delete TITLE TITLE JUDITH COLARUSSO ELLEN COLARUSSO, JUDY FINN NAME NAME 1354 S. KILLIAN STREET ADDRESS STREET ADDRESS 3000 N OCEAN DR #27-D LAKE PARK FC CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL Peter Robert Colarusso A Change ☐ Delete TITLE TITLE COLARUSSO, PETER ROBERT NAME NAME RedFinn Racing DBA STREET ADDRESS STREET ADDRESS 3000 N OCEAN DR #27-D Auto Exotics By Peter 1354 S. Killian Drive CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL ☐ Change Addition Lake Park, FL 33403 \$55... ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME 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 of thistee 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

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOME SERVICES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2/4/00 SG1.833, 2099

Change

Addition