## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # H70342** Mar 06, 2000 8:00 am **Secretary of State** AUTO PRO RACING, INC. 03-06-2000 90072 017 \*\*\*150.00 Principal Place of Business Mailing Address 4651 BABCOCKSTINE 4651 BABCOCK ST NE 16B 16**B** PALM BAY FL 32905-2808 PALM BAY FL 32905 HS US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2602130 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIORELLI, DONALD Street Address (P.O. Box Number is Not Acceptable) 4651-16 BABCOCK ST. NE PALM BAY FL 32907 Zin Code City 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) 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 11. OFFICERS AND DIRECTORS 12 TITI F ☐ Change ☐ Addition TITLE ☐ Delete FIORELLI, DONALD NAME NAME STREET ADDRESS 626 ELIZABETH ST SE STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE FIORELLI, DENISE NAME NAME STREET ADDRESS **626 ELIZABETH ST SE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY,,FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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-ZIP CITY-ST-7IP

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.

SIGNATURE:

2/29/00

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