2003 FOR PROFIT CORPORATION

FILED Mar 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** K88860 DOCUMENT # 03-28-2003 90120 024 ***150.00 1. Entity Name BRACO RACING DEVELOPMENTS INC. Principal Place of Business Mailing Address 70033177 6207 ROYAL PALM BCH BLVD 6207 ROYAL PALM BCH BLVD RPB FL 33412 RPB FL 33412 US 211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0120666 Not Applicable 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 <u>BRADLEY, GLORIA</u> BRADLEY, HENRY Street Address (P.O. Box Number is Not Acceptable) 6207 ROYAL PALM BCH BLVD 6207 ROYAL PALM BCH BLVD PB FL 33412 City PB 33412 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 3/17/03 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. Election Campaign Financing \$5.00 May Be-After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete NAME BRADLEY, HENRY BRADLEY, GLORIA STREET ADDRESS 6207 ROYAL PALM BCH BLVD STREET ADDRESS 6207 Royal Palm Bch Blvd CITY-ST-ZIP CITY-ST-ZIP RPB FL 33412 RPB. FL 33412 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME BRADLEY, SUSAN E STREET ADDRESS STREET ADDRESS 6207 ROYAL PALM BCH BLVD CITY-ST-ZIP CITY-ST-ZIP RPB FL 33412 TITLE ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 607, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3/17/03

Daytime Phone #