

FILED
Jun 10, 2002 8:00 am
Secretary of State

04-30-2002 90006 011 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001885

1. Entity Name
CIARDULLO RACING, LLC

Principal Place of Business Mailing Address
228 HIGHLAND WOODS DR **228 HIGHLAND WOODS DR**
SAFETY HARBOR FL 34695 **SAFETY HARBOR FL 34695**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3717455 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CIARDULLO, RICHARD J
228 HIGHLAND WOODS DR
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. (MANAGING MEMBERS) MANAGERS

10. ADDITIONS/CHANGES

9. (MANAGING MEMBERS) MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Richard J Ciardullo 228 HIGHLAND WOODS DR SAFETY HARBOR FL 34695	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard J Ciardullo **1-16-02 727 692 4090**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Richard J Ciardullo **6-7-02 727-692-4090**

CR2E083 (9/01)