UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000003144

1. Entity Name
AMERICAN VETERANS MOTORSPORTS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 16 AM 8:14

6/12/03 01083 001 69.90

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
~~[illegible]~~ PO Box 1572 LAKE CITY, FL ~~[illegible]~~ 32056	~~[illegible]~~ PO Box 1572 LAKE CITY, FL ~~[illegible]~~ 32056

2. Principal Place of Business	3. Mailing Address
1500 Old Columbia Hwy Suite, Apt. #, etc. Space # 3	PO Box 1572 Suite, Apt. #, etc.
City & State Lake City, Florida	City & State Lake City, Florida
Zip / Country 32025 / Columbia	Zip / Country 32025 / Columbia

4. FEI Number
02-0591389
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAHAM, THOMAS A RT 21 BOX 353 LAKE CITY, FL 32024	Name: Michael F. Allen Street Address (P.O. Box Number is Not Acceptable): 329 SE Lehigh Lane City: Lake City FL Zip Code: 32025

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.

SIGNATURE: Michael F. Allen 6/11/03
Signature, required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, THOMAS A RT 21 BOX 353 LAKE CITY, FL 32024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gregory Etis-Commander 1103 Jamestown Glen Lake City, Florida 32025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAFASO, GARY S L SR RT 21 BOX 353 LAKE CITY, FL 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deputy Commander Gary LaFaso RT 21 Box 353 Lake City, Fl 32024	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, MICHAEL F RT 21 BOX 353 LAKE CITY, FL 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deputy Vice Commander Ray LaFaso RT 15 Box 3680 Lake City,Fl 32024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Adjutant Michael Allen 329 seLehigh Lane Lake City Fl 32025	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2EO37 (10/02)

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 617, 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.

SIGNATURE: Michael F. Allen - Adjutant 6/11/03 386-755-3016 x 2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/16 aw