2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005073

Entity Name: FORT MYERS BEACH OFFSHORE GRAND PRIX, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17200 SAN CARLOS BLVD. 18901SAN CARLOS BLVD. FT. MYERS BEACH, FL 33931 FT. MYERS BEACH, FL 33931

Current Mailing Address: New Mailing Address:

17200 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931

18901 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931

FT. MYERS BEACH, FL 33931

FEI Number: 65-0553485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HIGHFILL, YVONNE

16310-1 SAN CARLOS BLVD
FORT MYERS, FL 33908 US

HIGHFILL, YVONNE
18901 SAN CARLOS BLVD
FORT MYERS BEACH, FL 33931 US

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: YVONNE HIGHFILL 05/01/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 STD () Delete
 Title:
 TRE (X) Change () Addition

 Name:
 HIGHTILL, YVONNE
 Name:
 HIGHFILL, YVONNE

 Address:
 16515-1 SAN CARLOS BLVD.
 Address:
 18901 SAN CARLOS BLVD.

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS BEACH, FL 33931

(X) Change () Addition Title: PD () Delete Title: CLAUSEN, DEAN R Name: CLAUSEN, DEAN R Name: Address: 16310-1 SAN CARLOS BLVD. Address: 18901 SAN CARLOS BLVD. City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS BLVD, FL 33931

Title: VPD () Delete Title: STD (X) Change () Addition Name: MILANO, BOB Name: ROBIN, CALABRESE

 Address:
 5370 CONGO CT
 Address:
 18901 SAN CARLOS BLVD

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 FT MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE HIGHFILL TRES 05/01/2003