2001 UNIFORM BUSINESS REFORT (UBR)

Mar 27, 2001 8:00 am Secretary of State DOCUMENT # N9400005692 02-22-2001 90123 033 ****61.25 AUTO RACING LEGENDS. INC. Principal Place of Business Mailing Address 1235 PAGANO COURT P.O. BOX 10318 PORT ORANGE FL 32119 DAYTONA BEACH FL 32120 32047 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3302794 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **WOLLMAN, DONNA DELELLO** 1235 PAGANO COURT PORT ORANGE FL 32119 Zip Code 9. 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Secretory ☐ Addition TITLE Oelete TITLE WOLLMAN, DONNA D NAME NAME aano Court STREET ADDRESS 1235 PAGANO COURT STREET ADDRESS E037 CITY-ST-ZIP PORT ORANGE FL 32119 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition WALSH, JOHN NAME STREET ADDRESS 36 ORMOND SHORES DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZP **ORMOND BEACH FL 32176** lice Bus Dent Addition TITLE ☐ Change DDE Delete . LESHER, GEORGE NAME NAME RETURN MATT HOW SI STREET ADDRESS 3242 COUNTRY LANE STREET ADDRESS 5647 RÖGERS AVENUE CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP PORT ORANGE FL TITLE វារា ៖ Addition De Celete ☐ Change NAME KRETZER, JOHN R NAME STREET ADDRESS 524 S. BEACH STREET APT 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete TITLE Vice President SUCKOW, DOLORES row, Dozoges NAME NAME 170 N. Yonge STREET ADDRESS STREET ADDRESS 170 N. YONGE STREET CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP MILE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP

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 peop 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:

Klowist Klieder Curffmas

904-760-9587

Date

FILED

Daytime Phone #