2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91313 035 ****61.25

DOCUMENT # N98000004337

1. Entity Name

R.A.C.E.TEAM INC.

Principal Place of Business	Mailing Address
8891 SE 90TH AVE RD OCALA FL 34474	8891 SE 90TH AVE RD OCALA FL 34474

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5980 SW 169TH CT	5980 SW 169TH CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34481 Country: USA	Zip: 34481 Country: USA

4. FEI Number: 63-0853645 ☐ 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
EDDINGS, MICHAEL P 8 LINDA RD BHR OKEECHOBEE FL 34974	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 _____
Signature, typed or 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCDOUGALL, RAFFERTY 8891 SE 90TH AVE RD OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDDINGS, MICHAEL P 2250 SE 27TH ST OKEECHOBEE FL 34974 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDDINGS, MICHAEL P 8 LINDA RD BHR OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, MARK A 129 COCHRAN CT BYRON GA 31008	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDOUGALL, RUARI O GTREIDEMARKT 3/22 A1060, VIENNA,AUSTRIA	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4/26/02 (352) 2197908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #