2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000023088

Entity Name: ACE MOTORCYCLE SAFETY, INC.

Current Principal Place of Business:

668 NORTH ORANGE AVENUE
SUITE 1007
MAITLAND, FL 32751

New Principal Place of Business:

668 NORTH ORLANDO AVENUE
SUITE 1007
MAITLAND, FL 32751

Current Mailing Address:

668 NORTH ORANGE AVENUE
SUITE 1007
MAITLAND, FL 32751

New Mailing Address:

668 NORTH ORLANDO AVENUE
SUITE 1007
MAITLAND, FL 32751

FEI Number: 59-3674075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TREADWAY, LAURA L
668 NORTH ORANGE AVENUE
SUITE 1007
MAITLAND, FL 32751

Name and Address of New Registered Agent:

TREADWAY, LAURA L
668 NORTH ORLANDO AVENUE
SUITE 1007
MAITLAND, FL 32751

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: _____ 07/08/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FLANNERY, JEFFREY N
Address: 668 N ORLANDO AVE STE 1007
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: SCHULT, JUDY
Address: 668 NORTH ORANGE AVENUE SUITE 1007
City-St-Zip: MAITLAND, FL 32751

Title: PD (X) Delete
Name: TREADWAY, LAURA L
Address: 668 NORTH ORANGE AVENUE SUITE 1007
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Delete
Name: TORRES, PETER A
Address: 668 N ORLANDO AVE STE 1007
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: TREADWAY, LAURA L
Address: 668 N ORLANDO AVE STE 1007
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA L TREADWAY PD 07/08/2002
Electronic Signature of Signing Officer or Director — Date