2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000036867 TURN 1 MOTORSPORTS, INC. 04-16-2001 90069 046 ***150.00 Principal Place of Business Mailing Address 7901 WINDOVER WAY 7901 WINDOVER WAY TITUSVILLE FL 32780 TITUSVILLE FL 32780 3. Mailing Address 2. Principal Place of Business 7901 WINDOVER 2442 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Tirusvius 59-3630017 ITUI VILLE Not Applicable Country BREVARD ^{Zip} 32781-24<u>42</u> \$8.75 Additional 5. Certificate of Status Desired 32780 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7901 WINDOVER WAY TITUSVILLE FL 32780 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** CR2E034 (10/00) TITLE ☐ Delete ☐ Change CHANEY, RICHARD NAME NAME 7901 WINDOVER WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Delete ☐ Change ☐ Addition CHANEY, DIANE NAME NAME STREET ADDRESS 7901 WINDOVER WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 eath; 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 in Block 11 or Block 12 if changed, or on an attachment with an agrees, with all other like empowered.