CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P00000067233 1. Entity Name 04-10-2002 90352 026 ***150 00 LEAD DAWG PERFORMANCE CORPORATION Principal Place of Business Mailing Address 36302 HIGHWAY 52 36302 HIGHWAY 52 DADE CITY FL 33525 DADE CITY FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-102358 NOT APPLICABLE Not Applicable Country Country 5. Certificate of Status Desired - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIO, JOHN L Street Address (P.O. Box Number is Not Acceptable) 36302 HIGHWAY 52 DADE CITY FL 33520 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. 12. ☐ Delete TITLE TITLE ☐ Addition NAME RIO, JOHN L NAME STREET ADDRESS STREET ADDRESS 36302 HIGHWAY 52 CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33520 ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 in Block 11 or Block 12 if changed, or on an attacyting in twith ap address, with affolion like empowered.

SIGNATURE: >