

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91758 013 \*\*\*158.75

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 701000044109 ✓  
1. Entity Name  
Motorsport Gallery, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>684 Yorkshire Dr.</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Oviedo, FL</u>		City & State	
Zip <u>32765</u>	Country <u>Seminole</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <u>59-3716096</u>	Applied For <input type="checkbox"/>
		Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name <u>Sunia Y. Marsh, Esq.</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>684 Yorkshire Dr.</u>	
		City <u>Oviedo</u>	FL Zip Code <u>32765</u>

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 Sy Marsh Sunia Y. Marsh 4/30/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director,</u> <u>Anthony Marsh</u> <u>684 Yorkshire Dr.</u> <u>Oviedo, FL 32765</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Sunia Y. Marsh</u> <u>684 Yorkshire Dr.</u> <u>Oviedo, FL 32765</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Joyce A. Marsh</u> <u>2384 Keebel Rd.</u> <u>Columbus OH 43207</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sy Marsh Sunia Y. Marsh 4/30/02 (407) 835-2554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)