

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90889 047 \*\*\*150.00

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

DOCUMENT # **PO10000 93758**  
 1. Entry Name  
**PRO MAR RACING, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**POST OFFICE BOX 643**

3. Mailing Address  
**SAME**

DO NOT WRITE IN THIS SPACE

Suite, Apt. # etc.

City & State  
**PALM BEACH, FL**

4. FEI Number  
**03-0380552**

Zip  
**33480**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**ROBERT W. SLATER**

Street Address (P.O. Box Number is Not Acceptable)  
**214 BRAZILIAN AVE # 260**

City  
**PALM BEACH**

State  
**FL**

Zip Code  
**33480**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE \_\_\_\_\_  
Signature and typed or printed name of signing officer or director

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  
**D**  
 NAME  
**MARK E. ALEXANDER**  
 STREET ADDRESS  
**POST OFFICE BOX 643**  
 CITY-ST-ZIP  
**PALM BEACH, FL 33480**

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**DO NOT WRITE  
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption waiver in Section 119.07(3)(b), 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 rights like empowered.

SIGNATURE:  **MARK E ALEXANDER** 4/30/02 561-248-8425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)