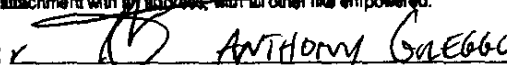


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000028101		
1. Entity Name UNLIMITED OFF-ROAD AND PERFORMANCE INC.		
Principal Place of Business 4398 FOX ST, #200 CASSELBERRY, FL 32707		Mailing Address 4398 FOX ST, #200 CASSELBERRY, FL 32707
2. Principal Place of Business 2021 N Orange Blossom Trl. Suite, Apt. #, etc.		3. Mailing Address 2021 N Orange Blossom Trl. Suite, Apt. #, etc.
City & State Orlando, FL		City & State Orlando, FL
Zip 32804	Country US	4. FEI Number 35-2163103
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 4 ST #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: Anthony Greggo Street Address (P.O. Box Number is Not Acceptable): 2299 River Ridge Rd. City: DeLand FL Zip Code: 32720-4321
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE:  ANTHONY GREGGO		DATE: 4-28-03
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D <input type="checkbox"/> Delete	NAME: NICHOLS, BRYAN	TITLE: V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4398 FOX ST, #200	CITY-ST-ZIP: CASSELBERRY, FL 32707	NAME: GREGGO, ANTHONY
TITLE: D <input type="checkbox"/> Delete	NAME: GREGGO, ANTHONY	TITLE: P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4398 FOX ST, #200	CITY-ST-ZIP: CASSELBERRY, FL 32707	STREET ADDRESS: 2299 River Ridge Rd.
TITLE: <input type="checkbox"/> Delete	NAME:	CITY-ST-ZIP: DeLand, FL 32720-4321
STREET ADDRESS:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.		
SIGNATURE:  ANTHONY GREGGO		DATE: 4-28-03 4071428-0056

CFR2034 (10/02)