

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

<b>DOCUMENT # P02000028101</b> 1. Entity Name <b>UNLIMITED OFF-ROAD AND PERFORMANCE INC.</b>		
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.		3. Mailing Address 2021 N Orange Blossom Trl.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Orlando, FL		City & State Orlando, FL
Zip 32804	Country US	Zip 32804
Country US		4. FEI Number 35-2163103
5. Certificate of Status Desired <input type="checkbox"/>		Applied For 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
Signature, typed or printed name of registered agent as applicable.		(NOTE: Registered Agent Signature required when substituting)
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NICHOLS, BRYAN 4398 FOX ST, #200 CASSELBERRY, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREGGO, ANTHONY 4398 FOX ST, #200 CASSELBERRY, FL 32707	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Greggo, Anthony 2299 River Ridge Rd. DeLand, FL 32720-4321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Certified Phone #

CFR2034 (10/02)