

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90824 034 ***150.00

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DOCUMENT # P02000044649

1. Entity Name
MARINO RACING, INC.



Principal Place of Business
**6677 POINSETTIA AVENUE S
ST PETERSBURG FL 33707**

Mailing Address
**6677 POINSETTIA AVENUE S
ST PETERSBURG FL 33707**

2. Principal Place of Business

6226 8th Avenue S

Suite, Apt. #, etc.

3. Mailing Address

6226 8th Avenue S.

Suite, Apt. #, etc.

City & State

GULFPORT, FL

Zip **33707** Country

City & State

GULFPORT, FL

Zip **33707** Country

4. FEI Number

01-0669926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARINO, GARY
6677 POINSETTIA AVENUE S
ST PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name **GARY MARINO**

Street Address (P.O. Box Number is Not Acceptable)

6226 8th AVENUE S

City **GULFPORT**

FL

Zip Code **33707**

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 *Gary Marino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARINO, GARY**
STREET ADDRESS **6677 POINSETTIA AVENUE S**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MARINO, GARY**
STREET ADDRESS **6226 8th AVE S**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Marino **4-23-03**

Date

Daytime Phone #

CR2E034 (10/02)