FILED
Mar 15, 2004 8:00 am
Secretary of State
02-27-2004 90030 013 ***150.00

2/

DOCUMENT # P02000059708 1. Entity Name DIVERSITY MOTOR SPORTS, INC.									,		JO4 900:		130.00	
Principal Place of Business 1912 N W 67TH PLACE GAINESVILLE, FL 32653				Mailing Address 1912 N W 67TH PLACE GAINESVILLE, FL 32653					66405857					
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #			01232004	. c	hg-P	CR2EC	34 (10/03)			
City & State				City & State					4. FFI Num	ber 02	-06	1445	6	oplied For et Applicable
Zip		Country		Zip		Count	ту		5. Certifical				\$8.75 Add Fee Require	
/	6. Name	and Address of Cu	rrent A	gistered Agen	it		Name	_,	7. Name ar	d Addre	as of New I	Registered	Agent	
TURFFS, ROBERT E 1444 PRST STREET Street								ress (P.O. Box Num	\sim	t Acceptab	le)		
SUITE B SARASOTA, EL 34236							191	7.	M	6	713	Pla	U	······································
	1		//	// /	/	Ī	City	- <u></u>	02.			FL	ZipGod	£ < 3
8. The above the obligat	named entitions of regist	y submits this state	ent for	ne purpose of c	hanging its	registere	ed office or re	gister		oth, in th	e State of F	lorida. I am	famillar with	and accept
SIGNATURE.	Signature, typed	or printed name of registers	d agent and	166 if applicable.	(NOTE	Registered	Agent signatura r	edn.eq	(when reinstating)	· .		DATE	•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees														
10.	•••	OFFICERS	AND DI	RECTORS		11.			ADDITION	S/CHAN	SES TO OF	FICERS AND	DIRECTOR	S (N 11
TITLE	D				Delete	TITLE							Change	Addition
NAME STREET ADDRESS	1912 N W	167TH PLACE				NAME	T ADDRESS							
CITY-ST-ZIP		ILLE, FL 32653	•				ST-ZIP							
TITLE	D			0	Delete ·	TITLE							☐ Change	Addition
NAME	ROMERO					NAME	I .							
STREET ADDRESS CITY-ST-ZIP		EO PICERO ILLS, CA 92807			•		ET ADDRESS ST-ZIP		•					
TITLE			•		Delete	TITLE	i		-				☐ Change	☐ Addition
NAME						NAME				•				:
STREET ADDRESS CITY-ST-ZIP					-		FT ADDRESS ST-ZIP							
ITTLE	-	- "-			Delete	TITLE							Change	Addition
NAME	ļ			_		NAME	· }							_
STREET ADDRESS CITY-ST-ZIP					•		ET ADDRESS ST-ZIP							
TITLE					Defeta	TITLE							Change	Addition
NAME	<u> </u>				Denis	NAME								
STREET ADDRESS							ET ADDRESS							
CATY-ST-ZAP	 					4	ST-ZIP							Addition
TITLE NAME	ł				Delete	TITLE	- 1						☐ Change	Th yachturi
STREET ADDRESS			_	_			ET ADORESS							
CITY-ST-7/P			\angle			/	ST-ZIP							
12. Thereby certify that the information supplied with this filling does not quarry for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental eport is use 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 emphasized to execute the 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 emphasized.													information r or director ir Block 11 if	
SIGNAT	TURE: _			7/	//	NO DOCCE	-		7	12	1/2/	<u>r</u>	In dime Phone d	