2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2002 8:00 am Secretary of State DOCUMENT # 793000007511 Perfection Racing, Inc. 05-08-2002 90148 009 ***150.00 Principal Place of Business Mailing Address 6500 S. GATOR CREEK Blud 6500 S. Gator Creek Blvd SARASOTA, FL 34241-9719 Sarasota FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-038693L Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARR, ESR., ROBERT J Street Address (P.O. Box Number is Not Acceptable) KIRK PINKERTON, P.A. 720 S. DRANGE AVE. SARASOTA, FL 34236 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition HINMAN, DAVID 6500 S. GATOR CREEK BLVD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP TITLE VPTD Change Addition HINMAN, LYNETTE L. 6500 S. GATOR CREEK BLVD SARASOTA, FL 34241 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change [] Addition NAME ALGER RINALD R NAME STREET ADDRESS STREET ADDRESS 4026 ANNIE ST CITY-ST-ZIP CITY-ST-7IP SARASUTA TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: '